

CompCare

Medical Scheme

Benefit Options

i 2023 Information and Benefit Guide

Complete Cover. Committed Care. CompCare.

compcare.co.za

Administered by  **Universal**[™]

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

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From the desk of our Principal Officer

Time to make a change?

Then let's start with a scheme that is 100% there for life's 'what if' moments.

What if you come off your bike on your way down the mountain?

What if your little one needs to see the doc, yet again?

What if your partner has an unexpected healthcare event?

We've all been there. What you need is a scheme that supports your busy and active lifestyle, so you can get on with living your best life, safe in the knowledge that you are covered.

Each year, we take a long hard look at our benefit options and implement the changes that will make the biggest impact on the lives of our members while maximising every hard-earned healthcare rand that you spend.

Our ultimate goal is to support you in reaching every one of yours – be it your fitness goals, your family goals, your life goals or all of the above, CompCare is here for you, every step of the journey.

Yours in the spirit of living life to the fullest,

Josua Joubert

CEO and Principal Officer
CompCare Medical Scheme

COMPCARE MEDICAL SCHEME

10 REASONS TO CHOOSE COMPCARE

01 We're one of the top schemes in South Africa

Our solid 44-year track record and solvency levels of 43%, which makes us one of the most financially stable schemes in SA, attests to this.

02 Wide range of options

Choose from a wide range of modular offerings, rich in benefits, with efficiency discounts that translate to savings of up to 25% in contributions when choosing Dis-Chem pharmacies for chronic medication and Netcare hospitals for planned elective procedures.

03 Benefits that boost your active lifestyle*

Be your best self with healthy eating and sports nutrition programmes, fitness assessments and an exercise prescription with access to registered biokineticists and exercise facilities.

04 Women's health*

Mammograms, HPV (cervical cancer) vaccination and contraceptives.

05 Men's health*

Prostate checks and PSA blood test.

06 Kids' health*

Newborn hearing screening and congenital hypothyroidism benefit. Baby wellness visits, childhood immunisations, school readiness assessments, pre-school eye, hearing and dental screening, occupational therapist visits for children, a nutritional assessment and healthy eating plan, as well as a fitness assessment and exercise prescription programme.

Kids younger than six get unlimited visits to the GP and basic dentistry once your day-to-day benefits are depleted.

07 The scheme for adventure seekers*

In addition to solid healthcare cover we bring you total peace of mind when participating in professional and adventure sports.

08 Unlimited oncology

We've got you covered with our unlimited cancer treatment programme, subject to our treatment protocols, at our designated oncology service provider (DSP).

09 Mental health*

Unlimited professional telephonic emotional health and wellbeing support, around-the-clock, as well as referrals for face-to-face counselling, should this be required.

10 Superior services and benefits

Delivered through our partnership with leading healthcare administrator, Universal Healthcare Administrators.



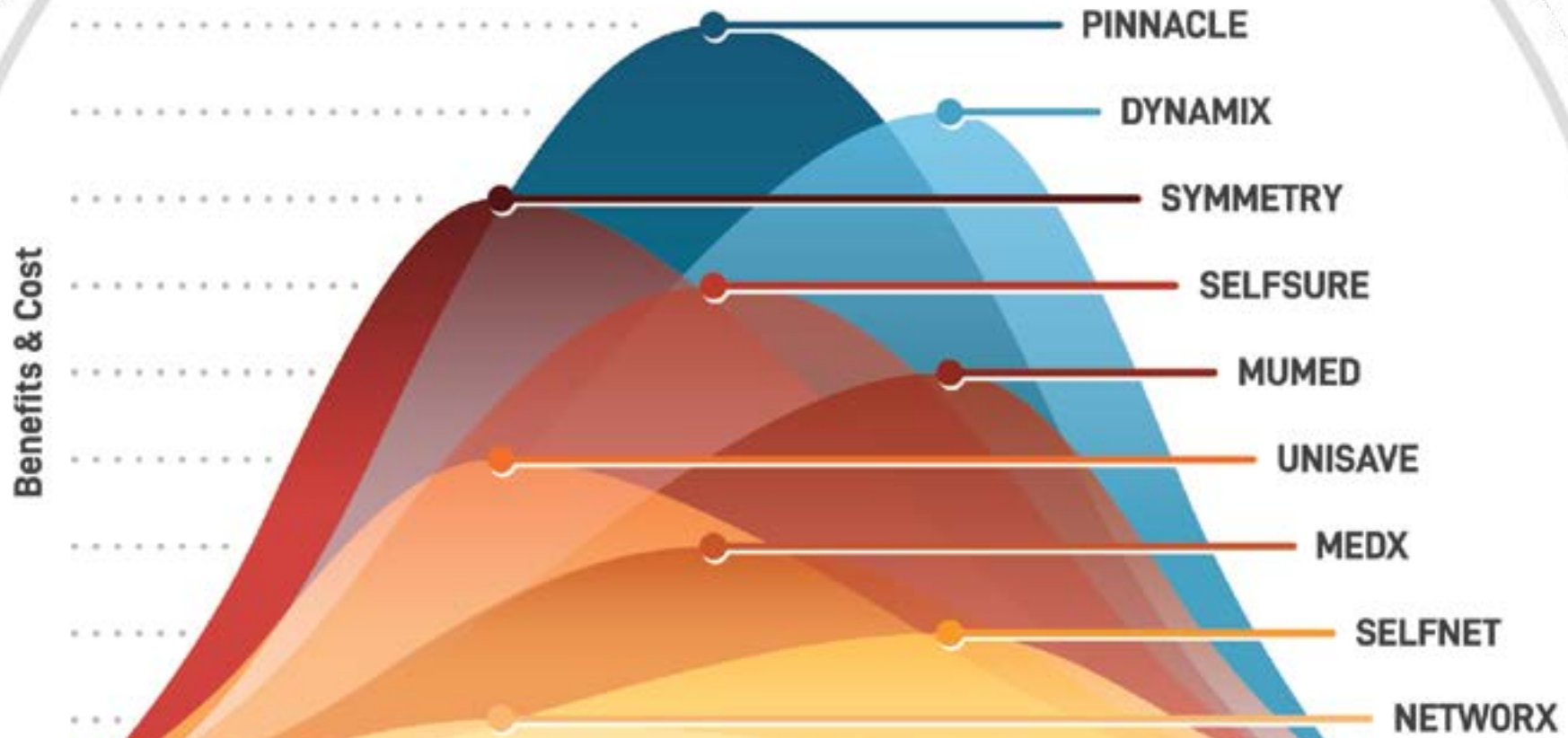
01

**What makes us one of the top-ranking schemes in South Africa?
A 44-year track record and solvency levels of 43%.**

CompCare is one of South Africa's most enduring medical schemes. Registered in 1978, the scheme has since gained an experienced understanding of member healthcare needs. We have grown from strength to strength throughout our proud 44-year track record, which includes the amalgamation of CompCare and Selfmed in 2019.

We've integrated knowledgeable, competent and experienced people, robust and streamlined processes, and a scalable, proven system to bring you healthcare cover you can count on, time after time. The scheme is financially stronger than ever with a solvency level in excess of 40%, well in excess of the regulated 25%.

02 Wide range of options





PINNACLE*

Executive Cover

A comprehensive new-generation option with unlimited hospital cover in a private ward and superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

Starting at R7 051 P/M



DYNAMIX*

Comprehensive Benefits

A new-generation option that offers complete cover with unlimited hospital cover and extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

Starting at R5 428 P/M



SYMMETRY*

Complete Family Plan

A new-generation option that offers exceptional cover with unlimited hospital cover and above average day-to-day benefits, consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi-risk benefits are exhausted.

Starting at R4 416 P/M



SELFSURE

Traditional Plan

A traditional option that offers extensive unlimited hospital cover within a DSP network of Private Hospitals. Day-to-day benefits are paid from risk with an extended day-to-day benefit component for specified services.

Starting at R4 342 P/M



MUMED*

Traditional Plan

A traditional option that offers substantial cover, with unlimited hospital cover and sufficient day-to-day benefits consisting of flexible risk cover. Additional cover for specified services is available once the flexi-risk benefit is exhausted.

Starting at R3 380 P/M



UNISAVE

Discretionary Savings Plan

The UNISAVE option offers comprehensive unlimited hospital cover. A flexible savings account allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

Starting at R3 154 P/M



MEDX*

Hospital Plan

A premium comprehensive private hospital benefit plan within the Netcare and Mediclinic groups of private hospitals with post-operative rehabilitation benefits as well as wellness benefits for complete peace of mind.

Starting at R2 215 P/M



SELFNET

Flexible Savings Plan

The SELFNET option offers comprehensive unlimited hospital cover with a flexible savings account that allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

Starting at R1 977 P/M



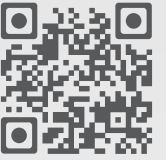
NETWORKX*

Network Plan

An affordable healthcare plan offering exceptional value to international students and lower income employees. It provides essential cover within the Universal Healthcare Provider Network.

Starting at R641 P/M

* Including **Efficiency Discounted** (ED) options within the range. ED means you can only use **Dis-Chem** pharmacies and **Netcare** hospitals.



PINNACLE ED



DYNAMIX ED



SYMMETRY ED



MUMED ED



MEDX ED



NETWORKX ED

YOUR BODY, YOUR MOVE

We know that staying fit and healthy is important to you and we're with you on that journey every step of the way, whether that's one step or ten thousand every day.

03

Benefits that boost your active lifestyle

Snap into action, or keep riding that wave of motivation with our fitness, exercise and nutritional benefits – all of which are specially designed so you can get the most out of your active lifestyle.

Come on, get active!

From chasing that personal best to just enough to deserve a rest, we've got something that works for you.

The World Health Organization now regards exercise as a treatment, and recommends that adults aged 18–64 should do a minimum of 150 – 300 minutes of moderate-intensity exercise per week.

Sign up for our scientifically-based Fitness Assessment and Exercise Prescription Programme at no extra cost to benefit from regular professional input and monitoring with one of our registered biokineticists and exercise facilities. That's right, no gym fees apply.

Eat your way to wellness

Whether you simply want to lose a few kilos or follow a top achiever sports nutrition programme, we're here to help you smash your goals. Our Nutritional Assessment and Healthy Eating Programme provides a consultation with a registered dietitian to whip up your personalised healthy eating plan. And the cherry on top? It's available across all our plans at no extra cost to you. **We're with you every bite of the way, so why not sign up today?**

Women's health

There's never been a better time than now to invest in some self-care. Take advantage of the bouquet of routine health screenings on offer, which were designed for maximum value no matter your individual stage of life and lifestyle. This includes a regular mammogram, pap smear, HPV (cervical cancer) vaccine, annual benefit for contraceptives (including IUDs), antenatal classes and visits, and much more!

04

Men's health

We know you're man enough to hear this. Did you know that over 4 000 men, some as young as 40, are diagnosed with prostate cancer in South Africa every year and that prostate problems are one of the most common conditions affecting men today? So gents, a prostate check together with a prostate specific antigen (PSA) blood test is definitely the right thing to do to help you take charge of your health. Your PSA test is a guaranteed benefit and paid from the scheme's risk pool, which means it comes at no extra cost to you. So, there are no excuses not to do the right thing.

05

Kids' health

There's nothing small about our kids' health benefits. We know your children mean the world to you, which is why we packed a world of value – specifically with their health and wellness needs in mind – into our plans. Starting from birth with newborn hearing screening, newborn congenital hypothyroidism tests and baby wellness visits. Followed by access to a baby advice line and 3 paediatrician visits to monitor development and milestones. We cover childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening and therefore have every move covered. For children younger than six years, you also get unlimited GP visits and basic dentistry as well as an extra visit to an emergency room every year. In addition, we cover a consultation with an Occupational Therapist, a Fitness Assessment and Exercise Prescription Programme, as well as a Nutritional Assessment and Healthy Eating Plan specially for kids. Now all you have to worry about is convincing them to eat the green stuff on their dinner plate.

06





LIVE WITHOUT LIMITS

07

Professional and adventure sports

So, you love the freedom of the great outdoors, pushing yourself to your limits and getting an occasional rush of adrenalin. We share your taste for living life to the fullest, so whether you're a professional sports player or a weekend warrior, we've got you covered. We'll pay for selected sport supplements from your savings account subject to our benefit sub-limits and as long as it has a valid NAPPI code. We never compromise on care, so if you get injured or ill, we'll send in the troops and even the search and rescue team if need be.

Available on all options with a savings account. Subject to sub-limits.

08

No compromise on cancer care

At CompCare we're big on the Big C. And by C we mean CARE. Did you know that a quarter of South Africans have either personally been diagnosed, or have a loved one, family, friend or colleague with cancer? With as many as 100 000 South Africans diagnosed with cancer every year, we want you to know that no matter what happens, we've got you covered with our unlimited cancer treatment programme, subject to our treatment protocols at designated oncology service providers.

09

Mental health matters

Your mind matters

South African studies show that more than 30% of adults will have suffered from some form of mental disorder in their lifetime, and one in six adults – or 16.5% – suffered from common mental disorders.

When it comes to your emotional health and wellbeing, we've got you covered. Because we care, we've made sure that you have the necessary benefits available when you need them most. We offer a 24-hour help line with trained clinical professionals to listen whenever you need to talk. A referral for face-to-face counselling is also available as part of your benefit package.

10

Superior services and benefits

Delivered through our partnership with leading healthcare administrator, Universal Healthcare

Universal Healthcare is a fully independent, owner-managed company. Mastering the art of excellence is at their core, which means members and clients benefit from a seamless, highly personalised healthcare solution that is evidence based.

CompCare Options and Benefits for 2023

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
IN-HOSPITAL BENEFITS									
Hospitalisation - private hospitals and nursing homes	100% of the scheme rate. Cover provided in a private ward. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	DSP Network of private hospitals. 100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate at a Netcare or Mediclinic hospital. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate through the Netcare group of private hospitals. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	Network of private hospitals. 100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.
Efficiency Discounted (ED) Option. Members can select Designated Service Providers (DSP's) for in-hospital services and chronic medicines upon which contributions will be discounted. Voluntary admission to a non-Netcare facility will attract a co-payment of 30% with a minimum of R7 500 (not applicable to emergencies). Voluntary use of a non-DSP pharmacy will result in a 25% co-payment.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.	Network of private and public hospitals
Overall Annual Limit (OAL)	Unlimited								
Co-payments and exclusions	See list of co-payments and exclusions.								
GPs and specialists	Unlimited. Specialists paid at 200% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	100% of scheme rate. Subject to pre-authorisation and managed care protocols.
Medication - only while in hospital	100% of cost.								
Medication on discharge from hospital (TTO) - subject to Reference Pricing (RP) and formularies	Limited to 7 days per discharge.								
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall limit of R58 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R45 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R40 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R40 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R37 500. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R35 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R33 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to PMSA for non PMBs.	Unlimited for PMBs
Auxiliary services physiotherapy, psychology, etc.	Limited to R11 500 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R8 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R5 700 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R4 500 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 300 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 200 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 100 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 100 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	100% of AT. Limited to R2 700 PMF for non-PMBs
Psychiatric treatment in hospital	100% of the scheme rate. Subject to pre-authorisation, protocols and PMBs.								
Psychology (non-psychiatric admissions)	Limited to R5 000 PMF.	Limited to R3 900 PMF.	Limited to R3 300 PMF.	Limited to R2 750 PMF.	Limited to R2 600 PMF.	Limited to R1 900 PMF.	Limited to R1 900 PMF.	Paid from PMSA.	21 days PMBs
All specialised radiology including MRI, CT and PET scans	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT Scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R3 000 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 500 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Limited to R31 500 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 600 is paid from available PMSA.	100% of the scheme rate. Limited to R28 500 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. A co-payment of R2 500 will apply.	100% of the scheme rate. Limited to R28 000 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. Limited to R27 500 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 000 is paid from available PMSA.	100% of the scheme rate. Limited to R25 000 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. Limited to R21 100 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of AT. Unlimited subject to pre-authorisation and case management within a DSP network

BENEFIT SCHEDULE

PINNACLE

DYNAMIX

SYMMETRY

SELSURE

MUMED

UNISAVE

MEDX

SELFNET

NETWORK

Basic radiology	100% of the scheme rate. Unlimited. Subject to scheme protocols.								
Pathology	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R36 000 PMF.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols. Limited to R28 000 PMF.	100% of the scheme rate. Combined in and out of hospital limit of R23 500 PMF.	100% of AT.
Confinements	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of AT. Confinements are subject to preauthorisation and clinical protocols and beneficiaries are requested to register on the maternity programme. Ultrasound (pregnancy scans) limited to 2 x 2D scans and is payable at 100% of AT.
Alcoholism, drug dependence and narcotics	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation and protocols.	Unlimited for PMBs.
Organ transplants, plasmapheresis, renal dialysis	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation and protocols.	Unlimited for PMBs.
Professional sports injuries	Subject to pre-authorisation and protocols.								

ALTERNATIVES TO HOSPITALISATION

Oncology including chemotherapy and radiotherapy	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	100% of AT. Unlimited for PMBs.
Biological agents and specialised medication	Pre-authorisation required. R330 000 PMF. Protocols apply.	Pre-authorisation required. R240 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R170 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Unlimited for PMBs.
Step-down nursing facilities, hospice and rehabilitation	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	Unlimited. Subject to pre-authorisation and clinical guidelines.	100% of AT. Subject to pre-authorisation and protocols.
Surgical procedures out-of-hospital	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	No benefit unless in lieu of hospitalisation. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols. Paid from PMSA.	100% of AT. Subject to pre-authorisation and protocols.
Radial keratotomy and excimer laser	Annual limit of R8 200 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R7 400 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R5 500 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Subject to optical benefit, pre-authorisation and protocols.	Subject to optical benefit, pre-authorisation and protocols.	Paid from PMSA Subject to optical benefit, pre-authorisation and protocols.	PMBs only.	Paid from PMSA.	No benefit.
Wound care in lieu of hospitalisation	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	100% of AT. Unlimited for PMBs. Subject to pre-authorisation and protocols.

MEDICAL COVER WITHOUT THE COPAYS

You can get more with CompCare by using our extensive network of healthcare providers. Avoid co-payments and out of pocket payments by using one of the following Universal Healthcare Networks:

- Hospital
- Oncology
- Pharmacy
- Biokineticists
- Dietitians
- Psychosocial counsellors

For more information, visit our website (compcare.co.za) or the Mobi App.

PINNACLE (paid from risk)

AVIATION MEDICAL EXAMINATIONS*

General examination and reporting for aviation medicals performed by doctors that have been licensed by the CAA including:

- General medical examination
- Eye test
- ECG
- Spirometry
- Audiology
- Lipogram
- PSA
- Chest X-Ray
- Writing of the report

EXECUTIVE WELLNESS SCREENING*

Executive wellness screening by a GP or registered nurse. Including:

- Medical assessment (consultation) by a general practitioner or registered nurse.
- Health questionnaire / assessment.
- Tests: including but not limited to fasting glucose blood test, lipogram, PSA.
- Vision and hearing screening.
- Stress ECG.
- Chest X-Ray.
- All other Wellness and Preventative tests already provided for in terms of the scheme rules.
- Consolidated report of results.

*Pre-authorisation and protocols apply

CompCare Options and Benefits for 2023

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
DAY-TO-DAY BENEFITS									
Day-to-day benefits	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB), where after the member will be liable for the Self-Payment Gap (SPG). During this period, claims will accumulate to the annual threshold at the scheme rate. Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R10 200 PB and R21 000 PMF.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from an Annual Flexi Benefit (AFB), where after the member is then liable for the Self-Payment Gap (SPG). During this period, claims will accumulate to the threshold level at the scheme rate. Once the threshold level is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R8 760 PB and R15 600 PMF – further sub-limits apply.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB). Total annual day-to-day benefits: Normal Option: P: R11 400, A: R8 844, C: R3 144 When AFB is exhausted additional benefits are available.	Out-of-hospital radiology, pathology, basic dentistry, physiotherapy and biokinetics are paid from the Day-to-Day Extender Benefit which is limited to R6 300 PB and R9 096 PMF. All other out-of-hospital benefits are paid from the Day-to-Day Benefit of: P: R6 300, A: R4 344, C: R2 200 (maximum of 3 children)	Benefits are paid from the Annual Flexi Benefit (AFB). AFB limits: Normal Option: P: R6 960, A: R4 344, C: R1 776 When AFB is exhausted additional benefits are available.	Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R9 444, A: R7 884, C: R2 820 (maximum of 3 children)	Post-operative rehabilitation – physiotherapy, occupational therapy and biokineticist. Limited to R4 000 PB per annum 14 Days for non PMBs. Must be pre-authorised. Protocols apply.	Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R4 260, A: R4 260, C: R1 500 (maximum of 3 children)	If services are rendered by Universal Network Providers, benefits will be paid at 100% of the scheme rate up to specified limits. Specialist visits, basic dentistry, optometry, and non-formulary prescription medication are subject to the Annual Flexi Benefit (AFB), limited to R3 600 PB and R5 400 PMF.
General practitioners	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited GP visits per child younger than 6 years paid from risk.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited GP visits per child younger than 6 years paid from risk.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Paid from PMSA and AFB. Once PMSA and AFB are exhausted consultations (excluding procedures and materials) are unlimited. Unlimited GP visits per child younger than 6 years paid from risk.	100% of scheme rate. Subject to Day-to-Day Benefit. Unlimited GP visits per child younger than 6 years paid from risk.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Paid from AFB first, limited to M: 6 visits M+1: 8 visits M+2: 10 visits M+3+: 11 visits Once AFB is exhausted, the balance of visits is available and paid from risk (excluding procedures and materials). Unlimited GP visits per child younger than 6 years paid from risk.	Paid from PMSA. Unlimited GP visits per child younger than 6 years paid from risk.	PMBs only. Unlimited GP visits per child younger than 6 years.	Paid from PMSA. Unlimited GP visits per child younger than 6 years paid from risk.	Unlimited at the member's selected Universal Network GP. 2 extra visits PB at other Universal Network GPs. 2 visits PB outside of the Universal Network per annum. For out-of-network visits, a 20% co-payment applies which needs to be paid at the point of service, limited to a R1 320 per event (including medicine, pathology and radiology), excluding facility fees.
Specialists	200% of the scheme rate. Paid from PMSA, AFB and SPG, thereafter from ATB. Referral from a GP required.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 750 PMF apply, subject to overall above threshold limit. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA and AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of scheme rate. Subject to Day-to-Day Benefit. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	PMBs only.	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. 2 visits PB - max 3 PMF per annum. Two additional antenatal visits per pregnancy. Subject to referral by a DSP network GP and pre-authorisation of each specialist visit. Referrals limited to specialists located at DSP Network hospitals only. Subject to AFB.
Chronic medicines	Subject to formulary. RP applies. 74 conditions (27 CDL conditions + 47 non-CDL conditions). Unlimited for registered conditions.	Subject to formulary. RP applies. 65 conditions (27 CDL conditions + 38 non-CDL conditions). Unlimited for registered CDL conditions. Non-CDL conditions is paid from PMSA, AFB and SPG first. Limited to R10 000 PB, and R17 000 PMF. ATB limited to R3 500 PMF, subject to the overall Above Threshold Limit.	Subject to formulary. RP applies. 48 conditions (27 CDL conditions + 21 non-CDL conditions). Non-CDL conditions subject to PMSA and AFB. Limited to R5 200 PB, R8 000 PMF.	Subject to formulary. RP applies. Unlimited for 40 conditions (27 CDL conditions + 13 non-CDL conditions). Non-CDL conditions subject to Day-to-Day Benefit.	Subject to formulary. RP applies. Unlimited for 37 conditions (27 CDL conditions + 10 Non-CDL conditions). Non-CDL conditions subject to AFB.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary RP applies. Unlimited for the 26 CDL conditions - unlimited only if prescribed by a Universal Network provider and dispensed within a Universal Network pharmacy or dispensing DSP doctor. Any voluntary use of chronic medicine prescribed by out-of-network provider and any non-formulary medicines are for member's own account, unless pre-authorised by the medical advisor. PMB rules apply.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
Acute medicines - schedule 3 and higher	Paid from PMSA, AFB and SPG. Thereafter from ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 350 PMF, subject to overall ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA and AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from Day-to-Day Benefit. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA.	PMBs only.	Paid from PMSA.	Unlimited if prescribed by a Universal Network GP, or by a specialist provided member was referred by a Universal Network GP. Subject to formulary. No cover for non-formulary medicines unless otherwise pre-authorised. No cover in cases of voluntary use of non-DSPs, or voluntary use of specialists without referral by a Universal Network GP.
Over the counter medication - including schedule 0, 1 and 2 medicines and homeopathic medicines	Subject to PMSA and AFB. Limited to R1 200 PB and R1 750 PMF and max per event R300 once in AFB. Subject to RP. Does not accumulate to threshold. Including specified sports supplements provided there is a valid NAPPI code from available PMSA.	Subject to PMSA and AFB. Limited to R1 000 PB and R1 450 PMF and max per event R230 once in AFB. Subject to RP. Does not accumulate to threshold. Including specified sports supplements provided there is a valid NAPPI code from available PMSA.	Subject to PMSA and AFB. Limited to R820 PB and R1 400 PMF and max per event R210 once in AFB. Subject to RP. Including specified sports supplements provided there is a valid NAPPI code from available PMSA.	Paid from Day-to-Day Benefit. Limited to R300 per event.	Paid from AFB Limited to R680 PB and R1 320 PMF. Max per event R210. Subject to RP.	Paid from PMSA. Including specified sports supplements provided there is a valid NAPPI code from available PMSA.	No benefit.	Paid from PMSA. Including specified sports supplements provided there is a valid NAPPI code from available PMSA.	No benefit.
Basic radiology - X-rays including black and white X-rays and ultrasound	Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 700 PMF apply, subject to overall ATB. Combined ATB limit with pathology.	100% of the scheme rate. Paid from PMSA and AFB.	100% of the scheme rate jointly limit with pathology, basic dentistry, biokineticist and physiotherapy to R6 300 PB and R9 096 PMF. (Day-to-Day Extender Benefit).	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Paid from PMSA.	In-hospital benefit only.	100% of the scheme rate. Paid from PMSA.	100% of the scheme rate. Unlimited when clinically appropriate within the Universal Network and subject to referral by a Universal Network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network provider, or by a specialist following referral by a Universal Network GP (except when involuntary).
All specialised radiology including MRI, CT and PET scans	Combined with in-hospital specialised radiology benefit. The first R3 000 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. The first R2 500 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. Limited to R31 500 PMF. The first R1 600 is payable from the PMSA and AFB.	Combined with in-hospital specialised radiology benefit. Limited to R28 500 PMF. A co-payment of R2 500 will apply.	Combined with in-hospital specialised radiology benefit. Limited to R28 000 PMF.	Combined with in-hospital specialised radiology benefit. Limited to R27 500 PMF. The first R1 000 is paid from available PMSA..	In-hospital benefit only.	100% of the scheme rate. Limited to R20 000 PMF unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. PMBs only. Subject to preauthorisation and case management.
Pathology	100% of the scheme rate. Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 700 PMF apply, subject to overall ATB. Combined ATB limit with radiology.	100% of the scheme rate. Paid from PMSA and AFB.	100% of the scheme rate jointly limited with radiology, basic dentistry, biokinetics and physiotherapy to R6 300 PB to a maximum of R9 100 PMF (Day-to-Day Extender Benefit). Combined in-and-out of hospital limit of R36 000 PMF.	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Subject to PMSA.	PMBs only.	100% of the scheme rate. Subject to PMSA, combined in-and-out of hospital benefit.	100% of the scheme rate. Unlimited when clinically appropriate within a DSP Network and subject to referral by a DSP network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network provider, or by a specialist following referral by a DSP network GP (except when involuntary).
Conservative dentistry including consultations, preventative care, fillings, extractions and infection control	100% of the scheme rate. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited conservative dentistry per child younger than 6 years paid from risk.	100% of the scheme rate. Subject to PMSA, AFB and SPG. Unlimited conservative dentistry per child younger than 6 years paid from risk.	100% of the scheme rate. Subject to PMSA and AFB. Unlimited conservative dentistry per child younger than 6 years paid from risk.	100% of the scheme rate jointly limited with radiology, pathology, biokinetics and physiotherapy to R6 300 PB to a maximum of R9 100 PMF. Unlimited conservative dentistry per child younger than 6 years paid from risk.	100% of the scheme rate. Subject to AFB. Unlimited conservative dentistry per child younger than 6 years paid from risk.	100% of the scheme rate. Subject to PMSA. Unlimited conservative dentistry per child younger than 6 years paid from risk.	Unlimited conservative dentistry per child younger than 6 years.	100% of the scheme rate. Subject to PMSA. Unlimited conservative dentistry per child younger than 6 years paid from risk.	1 Consultation per PB per annum. Limited to R1 870 PB and R3 120 PMF.

CompCare Options and Benefits for 2023

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
Specialised dentistry, including maxillofacial and oral surgery- in-and-out of hospital combined limit (A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment excluded for patients older than 18)	100% of the scheme rate. Paid from PMSA and AFB. Thereafter paid from ATB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R13 500 PB and R19 000 PMF. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB. Limited to R8 800 PB. Subject to scheme protocols.	100% of the scheme rate. Subject to the Day-to-Day Benefit. R2 000 co-payment will apply.	100% of the scheme rate. Paid from AFB. Limited to R2 400 PB. Subject to scheme protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.	100% of the scheme rate. Subject to PMSA.	Unlimited for PMBs.
Optometry visits	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 1 visit PB every second year.	1 visit PB every second year included in the R6 000 PMF optometry limit.	Subject to AFB. 1 visit PB every second year.	Subject to PMSA.	PMBs only.	Subject to PMSA.	Subject to AFB. 1 Visit PB every second year.
Lenses and contact lenses	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R5 500 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R4 400 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R2 450 PB every second year. Subject to protocols.	100% of the scheme rate. Limited to optometry benefit of R6 000 PMF every second year. Sub-limit of R1 050 for lenses or contact lenses. Subject to protocols.	100% of the scheme rate. Paid from AFB, subject to a sub-limit of R1 850 PB and R5 200 PMF every second year. Subject to protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.	Subject to PMSA.	Clear plastic single vision (limited to R1 053) or bi-focal lenses (limited to R1680 every second year. Subject to AFB. No benefit for contact lenses.
Frames	Sub-limit of R2 750 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 900 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 300 per frame. 1 frame PB every second year, included in lenses limit.	Sub-limit of R600 PB, included in optometry limit.	Sub-limit of R950 per frame. 1 frame PB every second year, included in lenses limit.	Subject to PMSA.	PMBs only.	Subject to PMSA.	Included in lenses benefit.
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dietitians, chiropractors (X-rays excluded), audiologist, physiotherapy and biokinetics in-and-out of hospital. Subject to protocols (Combined limit in-and-out of hospital)	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R11 500 PMF, in-and-out of hospital.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R8 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from PMSA and AFB. Collective limit of R5 700 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from Day-to-Day Benefit. Biokinetics and physiotherapy paid from Day-to-Day Extender Benefit, limited to a collective sub-limit of R4 500 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from AFB. Collective limit of R3 300 PMF, in-and-out of hospital.	Subject to PMSA.	PMBs only.	Subject to PMSA.	Physiotherapy subject to AFB. Unlimited for PMBs for other categories.
Clinical psychologists	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R6 000 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 750 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 200 PMF.	100% of the scheme rate. Limited to the Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R1 900 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.	Subject to PMSA.	Unlimited for PMBs.
Surgical and medical appliances e.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation required.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to the Day-to-Day Benefit.	100% of the scheme rate. Sub-limits and protocols apply. Subject to AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA.	PMBs only.	Subject to PMSA.	Unlimited for PMBs.
Psychiatry	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R20 000 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R11 500 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R7 400 PMF.	100% of the scheme rate. Limited to the Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R4 950 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.	Subject to PMSA.	Unlimited for PMBs.
Psychosocial counselling benefit	Paid from risk. 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.								
Oxygen home ventilation - subject to PMBs and protocols. Pre-authorisation required.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to the Day-to-Day Benefit.	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Subject to PMSA.	PMBs only.	Subject to PMSA.	Unlimited for PMBs.
Home nursing visits - Pre-authorisation required.	100% of the scheme rate. Limited to 60 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 40 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 30 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 25 days PMF. Subject to the Day-to-Day Limit.	100% of the scheme rate. Limited to 20 days PMF. Subject to AFB.	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA.	PMBs only.	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA.	Unlimited for PMBs.

BENEFIT SCHEDULE

PINNACLE

DYNAMIX

SYMMETRY

SELSURE

MUMED

UNISAVE

MEDX

SELFNET

NETWORK

Antenatal classes	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid- wife and limited to R1 650 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid- wife and limited to R1 500 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid- wife and limited to R1 150 per pregnancy.	100% of the scheme rate. 12 antenatal classes limited to R1 000.	100% of the scheme rate. Subject AFB. Limited to 12 antenatal classes and a lactation consultation with a midwife and limited to R930 per pregnancy.	100% of the scheme rate. Subject to PMSA. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R900 per pregnancy.	No benefit	Subject to PMSA.	No benefit.
Antenatal visits and scans - subject to protocols. Pre-authorisation required.	100% of the scheme rate. Limited to 12 antenatal visits with a GP, specialist or midwife. Paid from risk. Foetal scans limited to 2 x 2D scans PB per year and can opt for a 3D scan (paid at the rate of a 2D scan). Maternity bag issued with registration on maternity programme.						100% of the scheme rate. Paid from risk. Subject to clinical protocols. Limited to 8 antenatal classes and a lactation consultation with a mid-wife. Maternity bag issued with registration on maternity programme.	No benefit.	
Emergency roadside assistance and ambulance transportation provided by Netcare 911	100% of the scheme rate. In non-emergency cases, authorisation must be obtained from Netcare 911 at the time of transportation or within 24 hours thereof, failing which will result in a 25% co-payment.								
International travel: Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates. Register your journey and obtain a travel certificate on www.tic.co.za/compicare .								
Hospital emergency room and casualty emergency visits not requiring admission. Excluding facility fees.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from Day-to-Day Benefit.	Paid from AFB.	Paid from PMSA.	PMBs only.	Paid from PMSA.	No benefit.
Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMBs.								
Emergency room child benefit	One additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 400 per event.								No benefit.
Lipogram	One fasting lipogram per beneficiary over the age of 20 years. Once every 5 years.								

WELLNESS BENEFITS

Wellness, lifestyle and preventative care All benefits are paid from risk, except where otherwise indicated	<p>GP wellness consultation: One visit PB per annum, excludes procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1.</p> <p>Blood pressure, blood sugar, cholesterol, BMI and waist circumference: One measurement PB over the age of 18 years, limited to R250 per event over the age of 18. Only at DSP pharmacy.</p> <p>Rapid HIV tests: 1 test PB per annum.</p> <p>Prophylaxis- malaria preventative medicine as required.</p> <p>Flu Vaccine: Once per annum PB. Tetanus vaccine: One injection when required.</p> <p>PSA (Prostate Specific Antigen): One test per male beneficiary over the age 40.</p> <p>One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.</p> <p>Glaucoma test: One PB per annum.</p> <p>Pap smear: One test per female beneficiary over the age of 18 per annum.</p> <p>Mammogram: One test per female beneficiary over the age of 35 every second year.</p> <p>HPV (Cervical Cancer) vaccine: One course (3 doses per registered schedule) per female beneficiary between 12 and 18 years of age per lifetime.</p> <p>Adult pneumococcal vaccine PB as required, subject to pre-authorisation and protocols.</p> <p>Fitness assessment and exercise prescription: Access to Universal Network biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.</p> <p>Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription and regular monitoring.</p> <p>Contraceptives: For female beneficiaries up to the age of 55 years. Limited to R3 200 PB per annum. For oral contraceptives, RP applies. For IUD benefit, device only.</p>								Blood pressure, blood sugar, cholesterol, BMI. R250 PB over the age of 18. Only at DSP pharmacy. Flu vaccine, once per year PB
COVID-19 benefit	<p>Members who have tested positive for COVID-19 will have access to the following benefits in addition to the Prescribed Minimum Benefits:</p> <p>Pulse Oximeter (R820 PMF)</p> <p>Nebulizer (R550 PMF)</p> <p>Thermal Thermometer (R440 PMF)</p> <p>Pre-authorisation and managed care protocols apply.</p>								Unlimited for PMBs.
Newborn to adult benefit. Subject to protocols	<p>Newborn hearing screening and congenital hypothyroidism test: 3 Paediatric consultations to measure development and milestones.</p> <p>Access to a paediatric telephonic advisory service.</p> <p>Baby wellness visit: Two visits per annum for children between 4 weeks and 18 months at a DSP.</p> <p>Childhood immunisations: Applicable to children up to the age of 12 years, as per recommendation of the Department of Health.</p> <p>Unlimited GP visits and conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.</p> <p>School readiness assessments: 5 – 7 years old psychometric testing, 14 – 18 years, pre-school eye and hearing screening for children aged 5 and 6 dental screening for children 5 – 7 years old.</p> <p>Kid's active benefit: Fitness assessment and exercise prescription for children between 8 and 12 years with a Universal Network biokineticist. SporTeen: annual fitness assessment, virtual consultations, and exercise prescription for children between 13 and 17 years with a Universal Network biokineticist.</p> <p>Kid's nutritional benefit: Access to a Universal Network dietitian for nutritional assessments and assistance with a healthy eating plan for children from 8 years and older.</p>								Oral contraceptives, limited to R160 PB per month for female beneficiaries up to the age of 55 years.

* All limits are pro-rated when a member or a beneficiary joins the scheme during the year, calculated from the date of registration to the end of that financial year. If you leave the scheme before the year is up and have used all the funds in your savings account, you will owe the scheme the advanced portion of the Medical Savings Account you have used as it is a pro-rated benefit allocated in advance for the full benefit year. 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.

Co-Payments 2023

PROCEDURE (NON-PMB)	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET
Hospital cost only	R	R	R	R	R	R	R	R
Gastroscopy	n/a	R3 000	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Colonoscopy	n/a	R3 000	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Cystoscopy	n/a	R3 000	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Proctoscopy	n/a	n/a	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Nasal or sinus endoscopy	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	R5 200
Functional nasal surgery and septoplasty	n/a	R2 700	R9 500	R9 500	R9 500	R9 500	R9 500	R10 570
Hysteroscopy	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Flexible sigmoidoscopy	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Arthroscopy	n/a	R2 700	R3 200	R6 300	R9 500	R9 500	R9 500	PMSA
Minor gynaecological laparoscopic procedure	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	R5 100
Dental	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	PMSA
Excision lesion- benign and malignant	n/a	R2 700	R3 200	R4 200	R5 100	R5 100	R5 100	R5 100
Joint replacements- arthroplasty	n/a	R2 120	R18 500	EXCLUDED	R27 480	R27 480	EXCLUDED	PMSA
Conservative back and neck treatment- spinal cord injections	n/a	R2 120	R14 200	EXCLUDED	R24 300	R18 500	EXCLUDED	PMSA
Laminectomy and spinal fusion	n/a	R2 700	R29 500	EXCLUDED	R41 750	R41 750	EXCLUDED	PMSA
Nissen fundoplication- reflux surgery	n/a	R2 700	R17 750	R20 500	R24 300	R24 300	R24 300	PMSA
Hysterectomy, except for cancer	n/a	R2 700	R12 150	R14 800	R17 950	R17 950	R17 950	PMSA
Laparoscopic hemi colectomy	n/a	R2 700	R4 500	R5 500	R6 200	R6 200	R6 200	PMSA
Laparoscopic inguinal hernia repair	n/a	R2 700	R3 200	R4 650	R6 200	R6 200	R6 200	PMSA
Laparoscopic appendectomy	n/a	R3 000	R3 200	R4 650	R6 200	R6 200	R6 200	R6 200
Adenoidectomy, myringotomy- grommets, tonsillectomy	n/a	n/a	R3 900	R3 900	R3 900	R3 900	R3 900	R3 900
Laparoscopy, hysteroscopy, endometrial ablation	n/a	n/a	R9 500	R9 500	R9 500	R9 500	R9 500	R9 500
ANNUAL LIMIT	R58 000	R45 000	R40 000	R40 000	R37 500	R35 000	R33 000	PMSA

Scheme Specific Exclusions*: 2023

Apart from the general exclusions of the scheme as listed under the hospitalisation section and related treatment for the following procedures are excluded, unless a PMB:

APPLICABLE TO THE MEDX OPTIONS

- Deep brain implants (e.g. for Parkinson's Disease) and internal nerve stimulators.
- Corneal transplants.
- Cochlear implants.
- Bunion surgery.
- All spinal surgery (including neck), except in the event of acute injury.
- All joint replacements, except in the event of acute injury.
- Laminectomy and spinal fusion.

APPLICABLE TO THE SELSURE OPTION

- All spinal surgery (including neck), except in the event of acute injury.
- All joint replacements, except in the event of acute injury.
- Laminectomy and spinal fusion.

*Refer to page 21 for a list of scheme specific exclusions (scheme rules apply).

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances: 2023

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET
2.1 Coronary artery stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Stents (max of 3)	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R13 500 per stent.							
	Medicated stents (max 3 stents)		Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R21 500 per stent.							
2.2 Other stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Abdominal aortic aneurism stents	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Carotid stents		R31 500	R31 500	R31 500	R31 500	R31 500	R31 500	R31 500	R31 500
	Renal stents		R6 000	R6 000	R6 000	R6 000	R6 000	R6 000	R6 000	R6 000
	Aneurysm coils		R41 750	R41 750	R41 750	R41 750	R41 750	R40 000	R38 000	R38 000
2.3 Heart valves etc. (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Heart valves (Mitral etc)	Annual	R28 500	R28 500	R28 500	R28 500	R27 000	R27 000	R27 000	R27 000
	Hip prosthesis	Annual	R38 000	R37 000	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED
Knee prosthesis	R38 000		R37 000	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED	
Shoulder prosthesis	R38 000		R37 000	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED	
Elbow prosthesis	R37 000		R35 500	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED	
Ankle prosthesis	R37 000		R35 500	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED	
Wrist prosthesis	R37 000		R35 500	R35 000	EXCLUDED	R33 300	R32 300	EXCLUDED	EXCLUDED	
Finger prosthesis	R23 250		R22 000	R22 000	EXCLUDED	R22 000	R22 000	EXCLUDED	EXCLUDED	
Spinal instrumentation – per level limited to 2 levels and 1 procedure per beneficiary per year	R28 500 for first level and R58 000 for two and more levels		R23 000	R21 000	EXCLUDED	R17 500	R11 500	EXCLUDED	R11 000	
Spinal cages	R32 000		R29 500	R24 000	EXCLUDED	R20 000	R17 000	R15 500	R15 500	
Spinal implantable devices	Subject to surgical internal prosthesis OAL		Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	EXCLUDED	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	EXCLUDED	Subject to surgical internal prosthesis OAL	
Internal fixators for fractures	R31 000	R28 000	R24 000	R21 000	R20 000	R17 000	R16 600	R16 600		
2.5 Artificial limbs (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Through knee	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Below knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Above knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Partial foot		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Partial hand		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Below elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Above elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
2.6 Other prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Intra ocular lenses	Annual	R5 000	R4 000	R3 500	R3 750	R3 500	R3 000	R3 000	R3 000
	Bladder sling		R9 500	R9 000	R9 000	R9 000	R9 000	R9 000	R9 000	R9 000
	Hernia mesh		R9 800	R9 300	R9 300	R9 300	R9 300	R9 300	R9 300	R9 300
	Vascular grafts		R31 500	R30 000	R28 000	R24 000	R22 000	R16 600	R16 600	R16 600

CompCare Options and Benefits for 2023

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET
2.7 Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Single chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Dual chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Internal nerve stimulators		R125 000	R125 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)		R220 000	R220 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Insulin pumps		R25 500	R25 500	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
Overall limit	Annual	R37 000	R19 000	R13 200	R12 500	R12 000				
Hearing aids	1 per year, 3 yearly interval	R25 000	R19 000	R11 000	R10 000	R9 100				
Artificial eyes	5 year interval	R25 000	R19 000	R13 000	R12 500	R12 000				
BP monitor	3 year interval	R750	R700	R700	R700	R700				
Glucometer	3 year interval	R750	R700	R700	R700	R700				
Humidifier	3 year interval	R320	R320	R300	R300	R300				
Nebuliser	3 year interval	R600	R600	R600	R600	R600				
Breast pump	Per pregnancy	R3 000	R3 000	R3 000	R3 000	R3 000				
Moonboot	Annual	R2 500	R2 500	R2 500	R2 500	R2 500				
Elbow crutches	Annual	R750	R750	R740	R740	R740				
CPAP machines	3 year interval	R11 300	R11 300	EXCLUDED	EXCLUDED	EXCLUDED				
Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime	R11 000	R11 000	R11 000	EXCLUDED	EXCLUDED	Subject to PMSA	PMBs only	PMBs only	
Braces and callipers	Annual	R820	R820	R820	R820	R820				
Rigid back brace	Annual	R6 000	R6 000	R3 300	EXCLUDED	EXCLUDED				
Sling clavicle brace	Annual	R600	R600	R600	EXCLUDED	EXCLUDED				
Wigs	Annual	R2 200	R2 200	R2 200	EXCLUDED	EXCLUDED				
Bra's for breast prosthesis after mastectomies	2 per annum	R3 100	R3 100	R3 000	R1 150	R1 050				
Breast prosthesis	Annual	R3 700	R3 700	R3 700	R1 150	R1 050				
Commodes	3 year interval	R2 300	R2 300	R2 300	R1 150	R1 050				
Wheelchairs	3 year interval	R4 800	R4 600	R4 600	R1 150	R1 050				
Swivel Bath chairs	3 year interval	R2 010	R1 900	R1 900	EXCLUDED	EXCLUDED				
Walking frames	3 year interval	R1 150	R1 150	R1 150	EXCLUDED	EXCLUDED				
Rehabilitative foot orthotics	Annual	R3 700	R3 700	R2 200	R1 150	R1 150			EXCLUDED	EXCLUDED
2.9 Wearable devices	Wearable devices claimable only with a valid NAPPI code	Annual	Available savings up to a maximum of R3 400	Available savings up to a maximum of R3 400	Available savings up to a maximum of R3 400	EXCLUDED	EXCLUDED	Subject to PMSA	EXCLUDED	EXCLUDED
2.10 Stockings (Subject to day-to-day benefits)	Elastic stockings	Annual	R2 200	R1 700	R1 150	R900	R680	Subject to PMSA		
	Full length stockings		R2 200	R1 700	R1 150	R900	R680	Subject to PMSA	PMBs only	PMBs only
	Anti-embolic stockings		R2 200	R1 700	R1 150	R900	R680	Subject to PMSA		

Chronic Conditions Covered: Effective 1 January 2023

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
Addison's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Allergic rhinitis	Yes	Yes	No	No	No	No	No	No	No
Angina	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Ankylosing spondylitis	Yes	Yes	No	Yes	Yes	No	No	No	No
Anorexia nervosa	Yes	No	No	No	No	No	No	No	No
Asthma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Attention deficit disorder	Yes	Yes	Yes	No	No	No	No	No	No
Barrett's oesophagitis	Yes	No	No	No	No	No	No	No	No
Bechet's disease	Yes	Yes	No	No	No	No	No	No	No
Benign prostatic hyperplasia	Yes	No	No	No	No	No	No	No	No
Bipolar mood disorder *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bronchiectasis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bulimia nervosa	Yes	No	No	No	No	No	No	No	No
Cardiac arrhythmias *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cardiomyopathy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic renal failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Congestive cardiac failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conn's syndrome	Yes	No	No	No	No	No	No	No	No
Chronic obstructive pulmonary disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic bronchitis	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Connective tissue disorders (mixed)	Yes	Yes	No	No	No	No	No	No	No
Coronary artery disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crohn's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cushing's syndrome	Yes	Yes	Yes	Yes	No	No	No	No	No
Cystic fibrosis	Yes	Yes	No	No	No	No	No	No	No
Deep vein thrombosis	Yes	No	No	No	No	No	No	No	No
Diabetes insipidus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes mellitus type 1 and 2 *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Epilepsy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generalised anxiety disorder	Yes	Yes	No	No	No	No	No	No	No
Glaucoma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gastro-oesophageal reflux disease	Yes	Yes	No	No	No	No	No	No	No
Gout/hyperuricemia	Yes	Yes	No	No	No	No	No	No	No
Haemophilia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CompCare Options and Benefits for 2023

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
HIV/AIDS *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone replacement therapy	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Huntington's disease	Yes	Yes	No	No	No	No	No	No	No
Hypercholesterolemia/hyperlipidaemia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypertension *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypoparathyroidism	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Hypothyroidism *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ischaemic heart disease	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Migraine	Yes	Yes	Yes	No	No	No	No	No	No
Motor neuron disease	Yes	Yes	No	No	No	No	No	No	No
Multiple sclerosis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Muscular dystrophy	Yes	Yes	Yes	No	No	No	No	No	No
Myasthenia gravis	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Narcolepsy	Yes	No	No	No	No	No	No	No	No
Obsessive compulsive disorder	Yes	Yes	No	No	No	No	No	No	No
Osteoarthritis	Yes	No	No	No	No	No	No	No	No
Osteoporosis	Yes	Yes	No	No	No	No	No	No	No
Paget's Disease of the Bone	Yes	Yes	Yes	Yes	No	No	No	No	No
Panic disorder	Yes	Yes	No	No	No	No	No	No	No
Paraplegia/quadruplegia	Yes	Yes	Yes	No	No	No	No	No	No



CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX	SELFNET	NETWORK
Parkinson's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pemphigus	Yes	Yes	Yes	Yes	No	No	No	No	No
Peripheral Arteriosclerotic disease	Yes	Yes	No	No	No	No	No	No	No
Polyarthritis nodosa	Yes	Yes	Yes	No	No	No	No	No	No
Post-traumatic stress syndrome	Yes	Yes	Yes	No	No	No	No	No	No
Psoriasis/psoriatic arthritis	Yes	No	No	No	No	No	No	No	No
Pulmonary interstitial fibrosis	Yes	Yes	Yes	No	No	No	No	No	No
Rheumatoid arthritis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Schizophrenia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scleroderma (systemic sclerosis)	Yes	Yes	No	No	No	No	No	No	No
Stroke	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Systemic lupus erythematosus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thrombocytopenic purpura	Yes	Yes	No	No	No	No	No	No	No
Ulcerative colitis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unipolar mood disorder/major depression	Yes	Yes	Yes	No	No	No	No	No	No
Valvular heart disease	Yes	Yes	Yes	No	No	No	No	No	No
Vertigo	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Zollinger-Ellison syndrome	Yes	Yes	No	No	No	No	No	No	No
Total conditions covered	74	65	48	40	37	27	27	27	27



Exclusions and Limitations

Exclusions

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits (PMBs) as per regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

The following exclusions will apply to a member and any registered dependants, unless the particular exclusion is covered under the statutory PMBs:

1. Unless otherwise provided for or decided by the Board of Trustees, expenses incurred in connection with any of the following will not be paid by the scheme:

- 1.1 All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the scheme.
- 1.2 Subject to rule 8.4.1 of the of the scheme rules, a general waiting period of 3 months may be applied to a member and dependants from the date of joining the scheme.
- 1.3 Subject to rule 8.4.2 of the scheme rules, a condition specific waiting period of not more than 12 months in respect of pre-existing sickness conditions may be applied to a member and dependants from the date of joining the scheme.
- 1.4 All costs incurred during waiting periods will not be covered.
- 1.5 Professional fees and expenses incurred by healthcare professionals:
 - After hours consultations according to member's choice.
 - Appointments not honoured.
 - Charges for interest by health care providers.
 - Costs incurred for insurance medical purposes.
 - Fees for medical reports and motivations by any service provider, unless required by the scheme.
 - Discretionary conditions and services with hospital admissions not authorised.
- 1.6 Costs for services rendered by:
 - 1.6.1 Persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or
 - 1.6.2 Any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.
- 1.7 Frail Care - accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill.
- 1.8 Holidays for recuperative purposes, whether deemed medically necessary or not.
- 1.9 All costs for rehabilitation for any particular sickness or condition, except for PMBs.
 - 1.10 Private nursing fees in respect of both mother and child in postpartum cases.
 - 1.11 Cosmetic procedures (Unless a PMB):
 - All costs for cosmetic procedures/treatment/medication, except if as a result of an accident, illness or disease.
 - The costs of breast reduction and enlargement operations are excluded, except in the case of a breast reconstruction after a radical mastectomy.
 - Abdominal lipectomy.
 - Face lift.
 - Genioplasty.
 - Blepharoplasty.
 - Hair removal or implants.
 - Periodontal plastic procedures for cosmetic purposes.
 - Removal of scars, tattoos by salabrasion, chemosurgery or any such skin abrasion.
 - Removal of skin blemishes, port wine stains (vascular birthmark).
 - Surgery related to transsexual procedures.
 - Otoplasty for bat ears.
 - Nasal reconstruction, including septoplasties, osteotomies and nasal tip surgery.
 - Sclerotherapy are subject to medical specialist motivation.
 - 1.12 Dental procedures and treatments:
 - Dental extractions for non-medical purposes.
 - Bleaching of teeth that have not been root canal treated.
 - High impact acrylic dentures.
 - The cost of the use of gold in dentures.
 - Discretionary procedures – elective treatments and surgery for personal reasons and not directly caused and related to illness, accident or disease.
 - 1.13 The treatment of artificial insemination of a person as defined in the Human Tissues Act, 1983 (Act 65 of 1983) except for PMBs.
 - 1.14 In respect of infertility (PMB Code 902M), the following services are excluded:
 - Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF).
 - Gamete intrafallopian tube transfer (GIFT).
 - Zygote intrafallopian transfer (ZIFT).
 - Intracytoplasmic sperm injection (ICSI).
 - 1.15 Circumcision, except in phimosis or evidence-based medical indications. Female oral contraceptives will not be covered from the Hospital Benefit, but may be claimed from savings or Day-to-Day risk benefits where applicable or available. Any other contraceptive devices or measures will not be covered.
 - 1.16 Reversal of vasectomies or tubal ligation (sterilisation). Vasectomies and tubal ligation (sterilisation) are covered from the Hospital Benefits.
 - 1.17 All costs related to the treatment, medication or surgical procedures of obesity, including bariatric surgery, gastric stapling, wring of the jaw for weight loss purposes etc.
 - 1.18 All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.
 - 1.19 The purchase of:
 - Patent medicines and proprietary preparations.
 - Applicators, toiletries and beauty preparations.
 - Bandages, cotton wool and other consumable items.
 - Patented foods, including baby foods (Unless a PMB).
 - Tonics, slimming preparations and drugs as advertised to the public.
 - Household and biochemical remedies.
 - Contraceptives, unless specifically provided for in the Medicine Formulary applicable to each respective medical scheme option.
 - Vitamins and minerals (Unless a PMB).
 - Nutritional supplements and baby foods/milk substitutes.
 - Anabolic steroids.
 - Sunscreen agents.
 - Skin lightening treatments.
 - Sun glasses.
 - 1.20 Medication not registered by the Medicine Control Council, unless otherwise specified, e.g. homeopathic medicines which are covered in certain medical scheme options and subject to limits.
 - 1.21 Travelling expenses incurred by members, excluding benefits covered by Emergency Medical Services in the event of an emergency medical condition.
 - 1.22 All costs, which in the opinion of the Medical Advisor are not medically necessary or appropriate to meet the healthcare needs of the patient.
 - 1.23 Medical examinations or inoculations initiated by the employer.
 - 1.24 The utilisation of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the Medical Advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.
 - 1.25 Alternative and/or complementary health services that are not supported by evidence based medicine are excluded:
 - Acupuncture.
 - Aromatherapy.
 - Ayurvedics.
 - Chelation therapy.
 - Colonic irrigation.
 - Iridology.
 - Masseurs.
 - Osteopathy.
 - Phytotherapy.
 - Reflexology.
 - Traditional medicine.

Exclusions and Limitations (continued)

1.26 Certain conditions relating to educational and/or psychological performance and/or behaviour, except for the PMBs:

- Behavioural problems.
- Concentration/learning/reading problems.
- Co-ordination abnormalities.
- Delayed speech development.
- Dyslexia.
- Sexual disorders.
- Career guidance.
- Marriage counselling.

1.27 Costs incurred for surrogate parenting.

1.28 Products, devices and appliances:

- Oral appliances specified for the treatment of headaches.
- APS/Tense Therapy Machines.
- Back rest and/or seats.
- Contact lens solutions.
- Chair seats, excluding wheelchair seats.
- Cushions.
- Disposable nappies.
- Face creams.
- Health shoes.
- Klaasvankie mattresses, mattresses or pillows.
- Linen savers and/or protectors and/or waterproof sheets.
- Prescription and non-prescription sunglasses.
- Protective gear.
- Sheep skins.
- Shoe inserts.
- Shower and bath rails.

1.29 All healthcare costs relating to medical procedures, prostheses or practices that may be new or deemed to be experimental, with insufficient evidence based outcomes are excluded.

2. Limitation Of Benefits

2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.

2.2 Members admitted during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of that particular financial year.

Unless otherwise decided by the Board of Trustees, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

3. Benefits Excluded Insofar As These Are Not Prescribed Under The PMB Benefits

3.1 Medicine and injection material.

3.1.1 The following medicine, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

Any specialised drugs as defined by the managed care company (e.g. biological, tyrosine kinase inhibitors) that have not convincingly demonstrated a median overall survival advantage of more than 3 (three) months in locally advanced or metastatic solid organ malignant tumours, unless deemed cost effective for the specific setting, compared to standard therapy (excluding specialised drugs) as defined in established and generally accepted treatment protocols, for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer.

The scheme reserves the right to decline payment for any new medical technology, or investigational procedures, interventions, new drugs or medicines as applied in clinical medicine, including new indications for existing medicines or technologies unless they have demonstrated:

- Evidence based efficacy in clinical medicine.
- Affordability by the scheme.

3.1.2 Admission to hospital for the purposes of administering treatments which may be provided in a doctor's room.

3.1.3 MEDX and MEDX ED Options (hospital plan)

- Admission to hospital for the administration of drugs or medicines, excluding/unrelated to chemotherapy, which may be administered to a patient as an outpatient in the doctor's room e.g. Aredia® infusions. Aclasta® injections, Avastin® injections etc.



Contributions Per Option

Effective 1 January 2023 (All Values In Rand Unless Otherwise Specified)

PINNACLE			
	Principal Member	Adult Dependand	Child Dependand*
Risk	6 749	5 254	1 869
Savings	1 687	1 313	467
Total monthly contribution	8 436	6 567	2 336
Annual Benefit Amounts for 2023			
Savings	20 244	15 756	5 604
AFB	4 560	3 540	1 236
Total Day-to-Day	24 804	19 296	6 840
Threshold	28 284	21 696	7 560
SPG	3 480	2 400	720

DYNAMIX			
	Principal Member	Adult Dependand	Child Dependand*
Risk	5 674	4 433	1 583
Savings	921	719	256
Total monthly contribution	6 595	5 152	1 839
Annual Benefit Amounts for 2023			
Savings	11 052	8 628	3 072
AFB	3 456	2 676	960
Total Day-to-Day	14 508	11 304	4 032
Threshold	23 028	17 664	6 432
SPG	8 520	6 360	2 400

SYMMETRY			
	Principal Member	Adult Dependand	Child Dependand*
Risk	4 716	3 677	1 331
Savings	522	407	147
Total monthly contribution	5 238	4 084	1 478
Annual Benefit Amounts for 2023			
Savings	6 264	4 884	1 764
AFB	5 136	3 960	1 380
Total Day-to-Day	11 400	8 844	3 144

SELFSURE			
	Principal Member	Adult Dependand	Child Dependand*
Total monthly contribution	4 342	4 342	1 087
Annual Benefit Amounts for 2023			
Day-to-Day Benefit	6 300	4 344	2 200
Day-to-Day Extender Benefit	6 300 PB to a maximum of 8 600 PMF		

MUMED			
	Principal Member	Adult Dependand	Child Dependand*
Total monthly contribution	4 164	3 246	1 170
Annual Benefit Amounts for 2023			
AFB	6 960	4 344	1 776

UNISAVE			
	Principal Member	Adult Dependand	Child Dependand*
Risk	2 367	1 977	710
Savings	787	657	235
Total monthly contribution	3 154	2 634	945
Annual Benefit Amounts for 2023			
Savings	9 444	7 884	2 820

MEDX			
	Principal Member	Adult Dependand	Child Dependand*
Total monthly contribution	2 905	2 688	938

SELFNET			
	Principal Member	Adult Dependand	Child Dependand*
Risk	1 622	1 622	574
Savings	355	355	125
Total monthly contribution	1 977	1 977	699
Annual Benefit Amounts for 2023			
Savings	4 260	4 260	1 500

NETWORKX			
	Principal Member	Adult Dependand	Child Dependand*
0 – R500	472	472	472
501 – R6 000	1 339	1 273	469
6 001 – R8 000	1 408	1 339	495
8 001 – R10 000	1 647	1 567	579
10 001 – R12 000	1 834	1 741	645
12 001 – R14 000	2 017	1 917	711
14 001 – R16 000	2 219	2 108	781
16 001 – R18 000	2 486	2 361	875
18 001 – R20 000	2 784	2 643	980
20 001+	3 123	2 807	1 092

Contributions Per Efficiency Discounted Option

PINNACLE ED	Principal Member	Adult Dependant	Child Dependant*
Risk	5 641	4 390	1 572
Savings	1 410	1 097	392
Total monthly contribution	7 051	5 487	1 964
Annual Benefit Amounts for 2023			
Savings	16 920	13 164	4 704
AFB	3 840	3 000	1 056
Total Day-to-Day	20 760	16 164	5 760
Threshold	24 240	18 564	6 480
SPG	3 480	2 400	720

DYNAMIX ED	Principal Member	Adult Dependant	Child Dependant*
Risk	4 670	3 644	1 320
Savings	758	591	214
Total monthly contribution	5 428	4 235	1 534
Annual Benefit Amounts for 2023			
Savings	9 096	7 092	2 568
AFB	2 832	2 220	816
Total Day-to-Day	11 928	9 312	3 384
Threshold	20 448	15 672	5 784
SPG	8 520	6 360	2 400

SYMMETRY ED	Principal Member	Adult Dependant	Child Dependant*
Risk	3 977	3 094	1 116
Savings	439	342	123
Total monthly contribution	4 416	3 436	1 239
Annual Benefit Amounts for 2023			
Savings	5 268	4 104	1 476
AFB	4 200	3 240	1 140
Total Day-to-Day	9 468	7 344	2 616

Effective 1 January 2023 (All Values In Rand Unless Otherwise Specified)

MUMED ED	Principal Member	Adult Dependant	Child Dependant*
Total monthly contribution	3 380	2 631	938
Annual Benefit Amounts for 2023			
Annual Flexi Benefit (AFB)	6 720	4 200	1 704

MEDX ED	Principal Member	Adult Dependant	Child Dependant*
Total monthly contribution	2 125	2 125	665

NETWORK ED	Principal Member	Adult Dependant	Child Dependant*
0 – 500	421	412	226
501 – 4 000	641	632	315
4 001 – 6 000	819	786	392
6 001 – 9 000	980	931	469
9 001 – 10 000	1 042	990	495
10 001 – 12 000	1 124	1 069	533
12 001 – 14 000	1 236	1 177	588
14 001 – 16 000	1 359	1 294	646
16 001 – 18 000	1 522	1 448	723
18 001 – 20 000	1 709	1 623	810
20 001+	2 049	1 844	913

Managed Care Initiatives

CompCare offers members a number of Managed Care initiatives, which are all designed to ensure that members receive quality healthcare at an affordable cost. These are:

1. Chronic medication pre-authorisation

Members are required to register chronic medication prescriptions with Universal to receive the chronic medication benefit. To register your chronic medication prescription with Universal, you, your doctor or your pharmacist needs to contact Universal or send an e-mail. Application forms are no longer required.

2. Hospital utilisation management

Universal Care offers a complete hospital utilisation management service. It is the member's responsibility to ensure that all non-emergency hospital admissions are authorised.

These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. A penalty will apply for late requests for authorisations.

Emergency admissions must be authorised on the first working day after admission. There will be a penalty if the member does not obtain authorisation. This service also applies to oncology treatment.

3. Hospital at home benefit

CompCare has partnered with Quomed to provide a technology enabled Hospital at Home benefit that offers our members the choice of being treated in the comfort of their own home instead of being admitted to hospital for various illnesses. This is done in conjunction with the patient's treating doctor.

By receiving care at home, the patient can be supported in familiar surroundings while being closely monitored and receiving physical and virtual medical care by a dedicated team of doctors, nurses and allied healthcare professionals.

Access to this benefit is subject to pre-authorisation and referral from a treating doctor.

4. Disease management

Universal Care offers a comprehensive disease management service, including HIV/AIDS counselling. This service is designed to empower members to manage their chronic conditions more effectively.

Members are provided with telephonic counselling, e-mail information, as well as online health and wellness information. This information can be communicated to the patient via the disease management Call Centre, website, e-mail, fax, post and physical handout point.

All CompCare members and their dependants diagnosed with a chronic condition such as HIV/AIDS, asthma, diabetes, hypertension etc., should register on the Disease Management Programme. By registering, an individual will have access to personalised health and wellness information. Members are also invited to phone the disease management Call Centre should they wish to speak to a nurse counsellor.

5. Pathology management

Universal Care provides a service that ensures that the standard pathology guidelines are followed.

6. Specialised dentistry management

Universal Care offers a pre-authorisation service for all specialised dentistry. Prior to having specialised dentistry, the member is required to obtain pre-authorisation.

7. Trauma expense recovery

Universal Care offers a service where medical expenses that are the liability of a third party are recovered for CompCare. In most cases, these recoveries refer to road accidents in which a third party was involved.

8. Emergency evacuation

Netcare 911 offers an emergency evacuation service that will transport members to the nearest hospital for treatment. Members have access to this benefit in and outside of the borders of South Africa (worldwide).

9. Medical advice, information and assistance

Netcare 911 personnel, including paramedics, nurses and doctors, are available 24 hours a day to provide general medical information and advice. This is an advisory service, as a telephone conversation does not permit an accurate diagnosis.

In addition to general medical advice, Netcare medical operators can also guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need.

10. Fraud detection

Fraud is a major problem in South Africa, and the healthcare arena is no exception. CompCare has been very successful in containing fraud by making use of a system of member and practitioner profiling and forwarding this information to a private investigation unit.

CompCare is committed to conducting healthy business practices with honesty and integrity, which ensures the continued and future success of the scheme.

Fraud presents increasing challenges in our country. Too often, it is undetected and goes unreported, resulting in financial losses for schemes which eventually leads to the detriment of all members. CompCare is no different and has subscribed to a service that will enable all members to report fraud and other crime anonymously.

This service involves a Fraud Hotline, independently and anonymously managed by an external firm, Vuvuzela Hotline. Confidentiality and anonymity are guaranteed, and therefore, no member reporting suspected fraudulent activity will ever be identified.

What can be reported?

Toll free number:	080 111 4447
Fax:	086 672 1681
E-mail:	universal@thehotline.co.za
Website:	thehotline.co.za
WebApp:	thehotlineapp.co.za
Callback No (please call me's)	072 595 9139

How does it work?

Anyone can report their suspicion(s) through the Vuvuzela Hotline, using the following means of communication:

- Fraud
- Corruption
- Unethical behaviour
- Misuse of funds
- Procurement irregularities
- Bribery
- Maladministration

This is a 24/7/365 Fraud Hotline.

The Vuvuzela Hotline is part of CompCare's commitment to zero tolerance for dishonest and unethical behaviour.

Contact Details

Division	Contact number	Operating hours	E-mail address	Postal address	Website
Ambulance (Netcare 911)	082 911	24 / 7 / 365	customer.service@netcare.co.za	P.O. Box 3455, Halfway House, 1685	netcare911.co.za
Call Centre	0861 222 777	Mon to Fri 7h00 to 19h00, Sat 08h00 to 13h00, Excl. Public Holidays	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Claims Submissions		24 / 7 / 365	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Contributions	0861 222 777	Monday to Friday 08h00 to 17h00	contributions@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Disease management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Escalations	0861 222 777	Mon to Fri 7h00 to 19h00, Excl. Public Holidays	escalations@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
HIV/AIDS management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital account queries	011 208 1100	Monday to Friday 08h00 to 17h00	hospitalaccounts@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital pre-authorisation	0860 111 090	Mon to Fri 07h00 to 17h00, Sat 08h00 to 13h00, Excl. Public Holidays	preauthorisation@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Maternity management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	correspondence@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Medicine management	0861 222 777	Monday to Friday 08h00 to 17h00	chronicmedicine@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Membership	0861 222 777	Monday to Friday 08h00 to 17h00	membership@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Oncology management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	oncology@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Psychosocial Counselling	0800 390 003 (Toll free) or "Please call me" number: *134*952#	24 / 7 / 365		Private Bag X49, Rivonia, 2128	universal.co.za
Trauma expense recovery (MVA)	0861 208 1168	Monday to Friday 07h30 to 16h30	trauma@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Universal 360°	086 155 LIVE (5483)	Monday to Friday 08h00 to 17h00	360@universal.co.za	Private Bag X49, Rivonia, 2128	universal360.co.za

Member Guide

1. Rules of the scheme

The scheme is governed by a set of rules submitted to and approved by the Registrar for Medical schemes. All terms and conditions are set out in detail in the rules of the scheme, which can be viewed at the office of the administrator. The rules of the scheme always apply during a dispute resolution.

2. Membership

Who is eligible for membership?

Membership is open to any individual or company/group, except where the member ceases to be a permanent resident in the Republic of South Africa.

The scheme provides cover for all international students while studying in the Republic of South Africa.

2.1 Who can be registered as dependants?

- **A member's spouse or partner** – a person with whom the member is legally married, or has a two-year or longer committed relationship akin to marriage, based on objective criteria of mutual dependency and a shared common household, married in terms of any law or traditional/customary marriage (marriage certificate/affidavit/suitable other certificate required).
- **Surviving spouse members** – continuation of a surviving spouse of the main member is allowed to continue on the medical aid, provided that they were registered at the time of the main member's death (marriage and death certificate required).
- **A child under the age of 27** – who is not in receipt of a regular remuneration of more than the maximum social pension per month, or a child of any age due to being mentally or physically challenged is a dependent of the member, or legally adopted child/children placed in your care and custody by virtue of a court order (legal proof required).
- **Full time student** – Proof of registration of the current year is required from a secondary or recognised tertiary institution and each year thereafter, in order for the dependant to qualify at child rates to a maximum of up to 27 years, thereafter Committee approval is required each year.
- **Part time students** – an affidavit is required, stating that the child is unemployed and financially dependent on the principal member. Proof of registration as a student is required from the recognised institution. The dependant will be billed at adult rates.
- **Unemployed child** – (up to a maximum age of 27) who is unemployed and financially dependent on the principal member (affidavit required).
- **Disabled/mentally challenged** – a full medical report required upon application in order to qualify at child dependant rates.

2.2 How are waiting periods applied?

Prospective members are required to disclose all details in full of any sickness or medical condition for which medical advice, diagnosis, care or treatment was recommended and/or received prior to the twelve months period ending on the date on which application is made.

Waiting periods are applied when members join the scheme or are registered as dependants according to the following instances:

- If you have never been a member/dependant or not covered on a medical scheme for a period of more than 90 days immediately before applying to the scheme, the scheme may impose a general waiting period of three months and twelve months condition specific waiting on any/all pre-existing medical conditions. This will also be applicable to Prescribed Minimum Benefits.
- If you have been on a medical scheme for a period of less than 24 months and you apply for membership within the three months of termination from the previous medical scheme, a condition specific waiting period of twelve months will apply. If the beneficiary suffers from any pre-existing condition, the scheme may impose any unexpired balances by the previous scheme. The beneficiary will be entitled to the Prescribed Minimum Benefits.
- If you have been on a medical scheme for a period of more than 24 months and apply for membership within the three-month period from termination from the previous medical scheme, the general waiting period of three months will apply. You will be entitled to the Prescribed Minimum Benefits.

When does the benefit year start?

The scheme's benefits year begins on 1 January and ends on 31 December of that year. This means that if you join the scheme on 1 January, you are entitled to the full allocation of the year's benefits and limits. However, if you join the scheme during the benefit year, you are only entitled to pro-rated benefits and limits, meaning that you are only entitled to a time-appropriate proportion of the benefits and limits.

Please note: You have the opportunity to review and change your choice of plan once during the benefit year with effect from 1 January the next year. Once you have selected a plan for the benefit year, you cannot change your plan during that benefit year.



2.3 Proof of membership

Every member shall be furnished with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or should be admitted to a hospital. You therefore need to ensure that your card is kept secure at all times in order to prove membership. Your membership card can also be downloaded on the Mobi App.

2.4 How do I go about changing my details?

Complete a Member Update Information form, available from our offices at 0861 222 777, or obtainable from our website (compcare.co.za). A member must notify the scheme within 30 days of any change of address, including the domicilium citandi et executandi (address at which legal proceedings may be instituted).

The scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member neglecting to comply with the requirements of this rule.

2.5 Late joiner penalties

Late joiner penalties are applicable to an applicant or adult dependant of an applicant who, at the date of application for membership or admission as a dependant, is older than the age of 35 years, depending on the number of years that they have not belonged to a registered South African medical scheme. This excludes beneficiaries who enjoyed coverage with one or more medical schemes as from the date proceeding 1 April 2001, without a break in coverage exceeding three consecutive months since 1 April 2001. Penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not exceed the following bands:

Penalty bands	Maximum penalty
1 - 4 years	0.05 x contribution
5 - 14 years	0.25 x contribution
15 - 24 years	0.50 x contribution
25 + years	0.75 x contribution

The penalty is calculated as per the following formulas:

$$A = B \text{ minus } (35+C)$$

Where in terms of the Medical Schemes Act No 131 of 1998:

A = number of years referred to in the first column of the table in subregulation (2), for purposes of determining the appropriate penalty band;

B = age of the late joiner at the time of his or her application for membership or admission as a dependant;

C = the number of years of creditable coverage, which can be demonstrated by the late joiner.

2.6 Complaints and disputes:

Members may lodge their complaints telephonically or in writing to the scheme. The scheme's dedicated telephone number for dealing with telephonic complaints is **0861 222 777**.

Call Centre agents will assist the member immediately if possible. All unresolved telephonic complaints or complaints received in writing will be responded to by the scheme in writing within 30 days of receipt thereof. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such member and the scheme or an officer of the scheme, must be referred by the principal officer to a disputes committee (appointed by the Board of Trustees) for adjudication.



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Member Guide (continued)

On receipt of a request in terms of this rule, the principal officer must convene a meeting of the disputes committee by giving not less than 21 days notice in writing to the complainant and all the members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

The disputes committee may determine the procedure to be followed. The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative.

An aggrieved person has the right to appeal to the Council for Medical Schemes against the decision of the disputes committee. Such appeal must be in the form of an affidavit and directed to Council and shall be furnished to the Registrar not later than three months after the date on which the decision concerned was made. See back cover page for contact details.

3. Contributions payable

The total monthly contributions payable to the scheme by or in respect of a member are as stipulated in the contribution tables in the scheme rules. It shall be the responsibility of the member to notify the scheme of changes in income that may necessitate a change in contribution. Contributions shall be due monthly in arrears or advance, as stipulated in the rules and payable by not later than the third day of each month.

Where contributions or any other debt owing to the scheme have not been paid within three days of the due date, the scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default. In the event that payments are brought up to date, and provided membership has not been cancelled, benefits shall be reinstated without any break in continuity, subject to the right of the scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest on the arrear amount at the prime overdraft rate of the scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default, and any such benefit paid will be recovered by the scheme.

3.1 Savings

Your total annual savings contributions are advanced at the beginning of the benefit year (Jan to Dec) for the full calendar year (Jan to Dec). Termination of membership during the benefit year will result in savings being pro-rated. This pro-ration could result in savings contributions being owed to the scheme. Should you terminate your membership with the scheme, the savings balance is payable to the member or transferable to the new medical aid in the 6th month after resignation from the scheme.

3.2 Termination of membership

3.2.1 Resignation

A member who, in terms of his/her conditions of employment, is required to be a member of the scheme may not terminate his/her membership while he/she remains an employee without the prior written consent of his/her employer. A member of the scheme who resigns from the service of his/her employer shall, on the date of such termination, be eligible to continue as an individual member without re-applying or the imposition of any new restrictions that did not exist at the time of his/her resignation.

3.2.2 Voluntary termination of membership

A member, who is not required in terms of his/her conditions of employment to be a member, may terminate his/her membership of the scheme by giving one month's written notice. All rights to benefits cease after the last day of membership.

3.2.3 Deceased members

The dependants of a deceased member, who are registered with the scheme as his/her dependants at the time of such member's death, shall be entitled to continued membership of the scheme without any new restrictions, limitations or waiting periods. Where a child dependant/s has been orphaned, the eldest child may be deemed to be the member, and any younger siblings, the child dependant/s.



4. Members' portions

Members' portions arise when healthcare service providers are refunded in full by the scheme, but the member still has to cover the cost of a co-payment applicable to the particular benefit or where levies are imposed. Members can refund the scheme by EFT, payroll deduction (if part of an employer group) or make use of the convenience of a debit order.

5. Benefits

5.1 Choosing a benefit option

Members are entitled to benefits during a financial year, as per the rules of the scheme and such benefits extend through the member to his/her registered dependants. A member must, on admission, elect to participate in any one of the available options detailed in the rules of the scheme.

If you are a member of an employer group, your choice may be limited to the options agreed on between you and your employer. If you join as an individual, you may choose any of the various options according to your needs and affordability.

5.2 Option changes

A member is entitled to change from one to another benefit option subject to the following conditions:

The change may be made only with effect from 1 January of any calendar year.

Application to change from one benefit option to another must be in writing and lodged with the scheme within the period notified by the scheme.

5.3 Pro-rated benefits

If members join the scheme later than 1 January during a specific year, pro rata annual benefits will apply until the end of the year. From 1 January the following year, members will qualify for the full annual benefit.

6. How do I submit a claim?

Members are not required to complete a claim form. Simply sign all accounts and invoices and submit them directly to the scheme.

6.1 Electronic claims

Most service providers have the facility to submit claims electronically. These claims are then paid directly to the service provider, subject to the available limit, ensuring a very short processing turn-around time. However, it is the member's responsibility to ensure that the claim/s reaches the medical aid within the four month time period from the date of treatment and to check claims statements for accuracy and validity of the claims submitted by the service providers.

6.2 Email/scan

To ensure that claims are promptly processed, please ensure that your name, membership number and contact number/s are on the claims and must be legible. Claims must be submitted within the four-month period from the date of treatment.

Email: compcare@universal.co.za

Post: Universal Healthcare Administrators (Pty) Ltd
Private Bag X49
Rivonia, 2128

6.3 How does the claims process work?

Claims are settled on a weekly basis for payment to the service providers or members. Members will receive a monthly detailed statement of claims transactions and of all payments made to the member and/or service providers. Kindly ensure that the scheme has your correct banking details to allow for electronic payment. It is ultimately the member's responsibility to ensure that claims are submitted timeously for payment.

Specialist referral process

A referral from a GP is required before seeking treatment from a specialist, failing which will attract a 30% co-payment on the visit as well as related services.

Members are required to notify the scheme of a specialist visit prior to the visit by requesting a "Spec Auth". This can be done by contacting the call centre or by sending an email to specauth@universal.co.za.

The following information is required:

- The referral letter from the member's GP on the practice letterhead.
- The medical aid number.
- The name of dependent.
- The member's correct contact numbers.
- The intended date of specialist consultation.
- The specialist's name, practice number and contact details.

Should a specialist refer the member to another specialist, the referral letter from the specialist referring to the other specialist needs to be provided (the visit to the first specialist should have been authorised). The member does not go back to their GP for another referral letter in this instance.

A GP referral is not required in the following cases:

- **One** gynaecologist visit per female, over the age of 16, per year.
- **One** urologist visit per male, over the age of 40, per year.
- Paediatrician consultations for children under the age of 2.
- Specialist visits during pregnancy.
- Oncologist consultations, as this will be approved as part of an Oncology Management Programme.
- Optical and dental specialist consultation (ophthalmologists and orthodontists).
- Where multiple specialist visits have been authorised.

6.4 Over-the-Counter-Medicines (OTC)

This medicine is dispensed by a registered pharmacist, who may prescribe medication for minor ailments that do not require a general practitioner consultation and will alleviate a consultation fee that your GP will normally invoice you. Please consult your benefits guide for the OTC rules and limits applicable to your option. This benefit will include any homeopathic medication.



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Medical Scheme

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2023 CompCare Medical Scheme benefits and contributions is subject to formal approval by the Council for Medical Schemes. On joining the scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the scheme will apply.

All limits are pro-rated when a member or a beneficiary joins the scheme during the year, calculated from the date of registration to the end of that financial year. If you leave the scheme before the year is up and have used all the funds in your savings account, you will owe the scheme the advanced portion of the Medical Savings Account you have used, as it is a pro-rated benefit allocated in advance for the full benefit year. 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.

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



Contact details

CompCare:
Universal Place, 15 Tambach Road,
Sunninghill Park, Sandton

PO Box 1411, Rivonia, 2128

Tel: 0861 222 777

Email: compcare@universal.co.za

Website: compcare.co.za

**Complaints escalated to
the Council for Medical Schemes:**

Tel: 0861 123 267

Email: complaints@medicalschemes.com

Web: medicalschemes.com