

From the desk of our Principal Officer

At CompCare we fully appreciate that choosing the right medical scheme for you, and those you care for, is one of the most important decisions you'll ever make. We also know that when selecting the best, most appropriate medical scheme for employees, making the right decision is as important. We are immensely proud of the road we have walked with you our members and the businesses we serve. Our individual and corporate clients will attest that we are a medical scheme that understands. More importantly still, we are there for everyone – every step of the way.

Even though we have an established track-record spanning more than 42 years and have independently been ranked as one of the most financially stable schemes in the market, we do not rest on our laurels. We have put in some hard work over several decades, and you'll find that in 2021 we have yet again designed market-leading preventative care and wellness benefits for our diverse membership base, while making sure that our innovative, well-crafted products still guarantee maximum value that meets your needs and budget.

If professional or adventure sports is what gets your heart racing you'll be excited to know that as the medical scheme for adventure seekers, we've got your next move well and truly covered.

Yours in health and wellness,

Josua Joubert

CEO and Principal Officer CompCare Medical Scheme

10 Reasons to choose CompCare

01 WE'RE ONE OF THE TOP SCHEMES IN SOUTH AFRICA

This is proven by our solid 42-year track record and solvency levels of more than 45%, which makes us one of the most financially stable schemes in SA.

02 SUPERIOR SERVICES AND BENEFITS

Delivered through our partnership with leading Healthcare Administrator, Universal Healthcare Administrators

03 WIDE RANGE OF OPTIONS

Get the value you deserve and choose the perfect option to fit not only your personal lifestyle, needs and budget, but also that of your employees. Our efficiency discounted options ensure savings on contributions of up to 25% when choosing Dis-Chem pharmacies for chronic medication and Netcare hospitals for planned, elective procedures.

04 BENEFITS THAT BOOST YOUR ACTIVE LIFESTYLE*

At CompCare healthy eating and sports nutrition programmes, as well as fitness assessments and exercise prescription programmes with access to registered biokineticists and exercise facilities, come as part of the deal.

05 THE SCHEME FOR ADVENTURE SEEKERS*

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

06 UNLIMITED ONCOLOGY

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

In addition to our broad range of Wellness Benefits, we also cover:

07 WOMEN'S HEALTH*

Mammograms, HPV (cervical cancer) vaccination and contraceptives.

08 MEN'S HEALTH*

Prostate checks and PSA blood test.

09 KIDS HEALTH*

Baby wellness visits, childhood immunisations, school readiness assessments, pre-school eye, hearing and dental screening, occupational therapist visits for children, a fitness assessment and exercise prescription programme, as well as a nutritional assessment and healthy eating plan. Kids under 6 get unlimited visits to the GP and basic dentistry, once your day-to-day benefits are depleted.

10 EMOTIONAL HEALTH*

Unlimited professional telephonic emotional health and wellbeing support, around-the-clock, and referrals for one-on-one counselling should this be required.

Contributions Effective from 1 January 2021

Monthly	Principal Member	Adult Dependant	Child Dependant
Risk	R5 904	R4 596	R1 635
Savings	R1 475	R1 148	R408
Total	R7 379	R5 744	R2 043
	`	`H/	
Annual Benefit Amounts for 2021			
Savings	R17 700	R13 776	R4 896
AFB	R4 150	R3 220	R1 140
Total Day-to-Day	R21 850	R16 996	R6 036
Threshold	R25 000	R19 176	R6 686
SPG	R3 150	R2 180	R650

A child dependant is a dependant who is under the age of 21 years or a full time student up to the age of 27 years. An adult dependant is a dependant who is 21 years or older. These rates are only applicable to the main member and a maximum of three child dependants.

*SCHEME PROTOCOLS APPLY

PINNACLE Option

You've made it! You're at the top of your game, and you deserve the best. You want a no-nonsense medical scheme plan with executive benefits. Unlimited GP visits, unlimited dental visits, 200% cover for specialists in hospital, access to a private ward if you need to be admitted – full-on cover! Which is why the PINNACLE option is perfect for you.

It offers a savings plan, together with above threshold benefits for unforeseen medical expenses, and it provides cover for 74 chronic illnesses. It's the best CompCare has on offer, and that means it's one of the best that your money can buy!

Naturally, you get comprehensive hospital benefits with unlimited cover in any private hospital and in a private ward. Just what you'd expect from a top-level plan. Plus, you can rest assured that should something happen to you, like cancer, you've got all the cover you need.

And because you're big on life and living it to the fullest, you'll love the cover CompCare provides for adventure sports, which many other schemes exclude.

So, there you have it – all the cover you need at a competitive cost! Surf the CompCare website for more details (compcare.co.za).

Understanding your option

Let's get started on explaining some of the basics of your cover: You pay your contribution and based on that we pay your claims. Claims are incurred when you visit a doctor/dentist/optometrist/specialist, or any other registered healthcare provider, or if you are hospitalised.

Claims are divided into two categories, namely routine or day-to-day, out-of-hospital claims and in-hospital (otherwise known as major medical risk) expenses. Your day-to-day claims are initially paid from your savings (PMSA) and thereafter your Annual Flexi Benefit (AFB). You have a set amount of savings per year that you can use for day-to-day claims. If you don't use all your savings in one year, the balance will carry forward to the following year and remain available to you.

This option also provides extended cover, this is referred to as the Above Threshold Benefit (ATB). When you run out of your savings and Annual Flexi Benefit (AFB), you will have to pay for some healthcare expenses from your pocket, this is referred to as the Self-Payment Gap (SPG). While you are in your SPG, you must still submit all your claims to us so that we know when to start paying from the ATB. Your accumulated claims submitted need to reach a specific rand value level before the extended ATB will start to cover your claims. Limits and sublimits apply to the ATB.

In-hospital claims are paid from the Scheme's risk pool. Hospital expenses are unlimited, but sub-limits may apply to certain specified services.

BENEFITS PAID FROM RISK



Wellness and Preventative Benefits
Unlimited GP visits and Conservative
Dentistry (after limits reached)
Ambulance Services, Netcare911

DAY-TO-DAY BENEFITS ARE SUBJECT TO:

LEVEL 1: Savings Account (PMSA)
LEVEL 2: Annual Flexi Benefit (AFB)
LEVEL 3: Self-payment Gap (SPG)
LEVEL 4: Above Threshold Benefit (ATB)

HOSPITAL BENEFIT

Unlimited cover for in-hospital and hospital-related services at 100% of the scheme rate. Specialists are paid at 200% of the scheme rate.



DAY-TO-DAY BENEFITS

Subject to savings, AFB, SPG and ATB*

Benefits are paid @ 100% of the scheme rate unless otherwise specified



*Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 350 PB and R19 120 PMF.

HOSPITAL BENEFIT/

Major medical expenses

Benefits are unlimited and paid @ 100% of the scheme rate unless otherwise specified.

Overall Annual Limit (OAL) unlimited

Hospitalisation

Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website (compcare.co.za) for list of co-payments and exclusions.

Hospital related accounts

GP visits, specialists, radiology, surgical procedures blood transfusions.

Specialists paid at 200% of the scheme rate.

Medicine in hospital

Medicine upon discharge (TTO)

7 days' supply.

Surgical Procedures out-of-hospital

Organ transplants

Pathology and Basic Radiology

Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc.
Collective limit of R10 500 PMF in and out of hospital.

Surgical prostheses

Overall limit of R53 000 PMF. Sub-limits apply.

Contact our pre-authorsation department to find out about our special arrangements for hip and knee replacements.

Specialised radiology

MRI, CT, High resolution CT and PET scans.

Unlimited. First R2 500 payable from PMSA with accumulation to the threshold.

Radial Keratotomy and excimer laser

Limited to R7 500 per eye inclusive of hospitalisation and related costs.

PLEASE NOTE: Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.



HOSPITAL PRE-AUTHORISATION PROCESS

It's the member's responsibility to make sure that all non-emergency hospital admissions are authorised by either phoning **0860 111 090** or by sending an e-mail to **preauthorisation@universal.co.za.** These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. The hospital utilisation management team will need the following details: Name of the patient being admitted, medical

aid number, hospital name, date of admission, name and practice number of admitting practitioner, ICD 10, and procedural codes. 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 also applies to oncology treatment.

BENEFITS PAID FROM RISK*

(unless otherwise indicated)



CHRONIC MEDICINES*

74 Chronic conditions are covered. Visit our website to view the list (compcare.co.za).

27 of the 74 chronic conditions include conditions from the Chronic Disease List (CDL).

47 of the conditions are referred to as non-CDL conditions.

27 CDL chronic conditions – unlimited benefit with no co-payments or levy if the medicine is on the scheme's formulary and the price of the medicine is equal or less than the reference price of the product.

47 non-CDL medicines are subject to available savings, AFB and SPG for registered conditions first and limited to R13 250 PB and R19 500 PMF. Thereafter you have access to the Above Threshold Benefit limited to R5 000 PMF.

A 25% co-payment will apply if medicine is not on the formulary.

Phone **0860 111 900** to register your chronic condition or register on the Mobi App.



PRESCRIBED MINIMUM BENEFITS (PMBs)*

All PMBs are defined in the Medical Schemes Act No 131 of 1998. Organ transplants and plasmapheresis are paid in terms of PMB protocols.



EMERGENCY CARE

What to do in the event of an emergency: Call the emergency medical services provider, Netcare 911 on

Please note: to avoid a 25% co-payment, authorisation needs to be obtained at the time of the emergency, or within 24 hours thereafter.



PLEASE SEE EMERGENCY EVENTS BELOW*:

- Emergency roadside assistance and ambulance transportation.
- Hospital emergency room/Casualty emergency visits resulting in a hospital admission will be paid from the in-hospital benefit.
- Hospital emergency room/Casualty emergency visits as a result of physical injury caused by an external force will be paid in full.
- Hospital emergency room/Casualty emergency visits not requiring admission will be paid from your savings and AFB.
- Emergency search and rescue.
- Refer to Kids Wellness benefits for additional emergency care related to children.



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



The Scheme will cover the SAHPRA approved vaccination from risk. Members who has tested positive for COVID-19 will have access to the following benefits:

- Pulse oximeter.
- Nebulizer.
- Oxygenator.
- Thermometer.
- GP consultations (COVID-19 related at R400 PB).
- PCR test: 3 per beneficiary.
- 1 Antibody test per beneficiary.
- · Chest physiotherapy.

Pre-authorisation and managed care protocols apply.

WOMEN'S HEALTH:

- Antenatal classes: Paid from savings. Limited to 12 antenatal classes and R1 500 per pregnancy, including a lactation consultation with a midwife.
- Antenatal visits: Limited to 12 ante-natal visits with a GP, midwife or specialist. Maternity bag issued on registration on maternity
- Confinements: Includes 2 x 2D ultrasound pregnancy scans. Members can opt for a 3D scan which will be paid at the rate of a 2D scan.
- Fitness Assessment and Exercise prescription: Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring. One additional assessment per pregnant woman per pregnancy.
- 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.
- One additional assessment per pregnant women per pregnancy. Contraceptives limited to R2 850 PB for oral contraceptives (RP
- **HPV (Cervical Cancer) vaccine**

applies) or IUD device.

- Mammogram: One test per female beneficiary over the age of 35 every 2nd year.

PINNACLE covers

chronic

conditions



*SCHEME PROTOCOLS APPLY

PREVENTATIVE CARE*

- **GP wellness consultation:** One per year, excludes procedures. Limited to tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference One measurement per beneficiary over the age of 18 years, limited to **R220 per event**. Only at DSP pharmacy.
- · Rapid HIV tests.
- Preventative malaria medication when required.
- Flu vaccine: One PB.
- Tetanus vaccine: One vaccination when required.
- Glaucoma test: One PB.
- **Colorectal cancer screening:** One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.



EMOTIONAL WELLNESS*

- **Psychiatric treatment in hospital** subject to pre-authorisation and protocols.
- Psychology: non-psychiatric admissions Limited to R4 500 PMF.
- Alcoholism, drug dependence and narcotics PMB only.
- Psychiatry Subject to savings and AFB, limited to R18 000 PMF.
- Clinical psychologists Subject to savings and AFB, limited to R5 500 PMF.
- 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.





ONCOLOGY AND SPECIALITY CARE*

- Unlimited oncology including chemotherapy and radiotherapy at our oncology DSP.
- Biological agents and specialised medication limited to R290 000 PMF.
- Wound care in lieu of hospitalisation.
- Oxygen home ventilation.
- Home nursing visits limited to 60 days PMF.
- Step-down nursing facilities, hospice and rehabilitation.



ACTIVE LIFESTYLE PROGRAMMES*

- **Fitness Assessment and exercise prescription:** Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- **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.
- Cover for injuries resulting from professional and adventure sports.
- **Specified sports supplements** subject to savings and the over the counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).



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
- FCG
- Spirometry
- Audiology

- Lipogram
- PSA
- Chest X-Ray and
- Writing of the report

Pre-authorisation and clinical protocols apply.

MEN'S HEALTH*

Preventative Care:

- Access to your doctor for a physical examination, paid from savings.
- Prostate specific antigen (PSA) blood test, paid from risk.

KIDS' WELLNESS*

- Baby Wellness visits, childhood immunisations, school readiness assessments, pre-school eye and hearing screening, a dental screening, and one additional emergency room visit limited to R1 250 per event for children < 6 years.
- Unlimited GP consultations and basic dentistry for children < 6 years once day-to-day benefits are depleted.
- Initial Occupational Therapy consultation
- Kid's fitness assessment and exercise prescription programme
- Kid's nutritional assessment and healthy eating programme



CHRONIC CONDITION AND MEDICINE REGISTRATION PROCESS

In order to receive the chronic medication benefit, members will need to register their chronic medicine prescriptions with Universal. To register your chronic medicine prescription with Universal, either you, your doctor or your pharmacist will need to contact Universal telephonically on **0861 222 777** or send an e-mail to **chronicmedicine@universal.co.za**. Application forms are no longer needed.

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

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.



GO ON, GET ACTIVE!

From just-off-the-couch to climbing that peak, 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.

You can be assured we've got you covered. Sign up for our scientific Fitness Assessment and Exercise Prescription Programme at no extra cost to benefit from regular interaction and monitoring, courtesy of one of our registered biokineticists and exercise facilities. That's right, no gym fees needed.



EAT YOUR WAY TO WELLNESS

Whether you want to lose weight or eat correctly for health reasons, 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?

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. There is no excuse not to do the right thing.

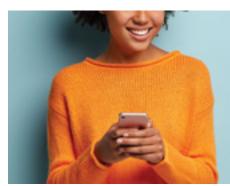


There's never been a better time than now to invest in some self-care. Take advantage of the bouquet of routine health screenings on offer, which were designed for maximum value no matter your individual stage of life and lifestyle. This includes a regular mammogram, pap smear, HPV (cervical cancer)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

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. From baby wellness visits to childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening, we've got their 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. We also 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.





MEDICAL SCHEME GONE MOBILE!

The power of your medical scheme is in your hands. Our Member App is your mobile gateway to information, allowing you to view and edit your medical scheme option, benefits and claims anywhere, anytime!



CLAIMS

Submit new claims and view your claims history.

HOSPITAL PRE-AUTHORISATION

Submit new pre-auth requests and view your hospital pre-auth history.

AND MUCH MORE

Request your Tax or Member Certificates. See all your registered Chronic Conditions, register new conditions, update your scripts and apply for an extended supply. Access your personal details, your dependant details and your scheme details. You can also search for Network Specialists in your area.

OUERY

Submit gueries and view important contact details.

MEMBERSHIP CARD

See a digital version of your Membership Card so you're never caught without it again! You can even send it on as and when needed.

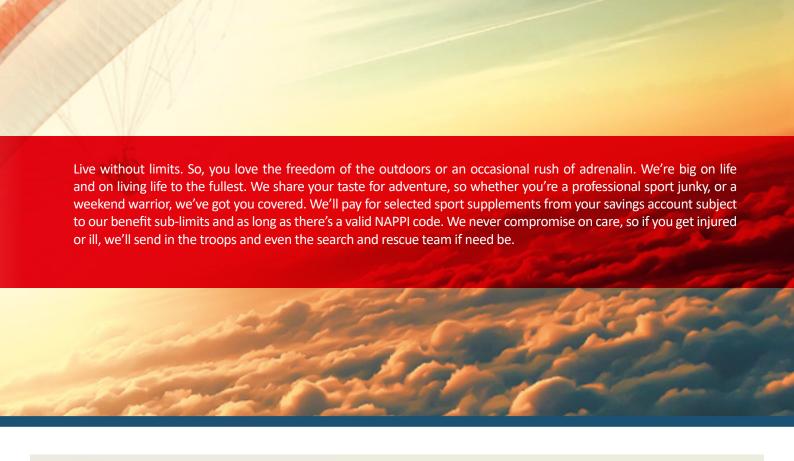
BENEFITS

View all your benefits, annual limits and your available balances.



HOW TO REGISTER ON THE MOBI APP

Keep in control of your medical scheme with the CompCare App. Simple, seamless and super convenient, the App makes it quick and easy for you to check anything from claims to benefits, and where your closest doctor is. Download the Mobi App on your smart device using the Google Play Store (Android users) or the Apple App Store (IOS users). Find and download the App by searching for 'Universal Healthcare Member'.





MENTAL HEALTH MATTERS

It's been a day, a month, a year, a decade... Your mental health influences how you feel, act, think and make choices, how you deal with stress and how you connect with others. 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 suffered from common mental disorders. When it comes to your emotional health and wellbeing, we want you to know we've got you covered. We offer a 24-hour helpline with trained clinical professionals to help you whenever needed. But the care doesn't stop there. A referral for face-to-face counselling is also available as part of your benefit package



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.



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.





This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2021 CompCare Medical Scheme benefits and contributions are 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.