



MUMED

Traditional Plan from R3 721 Per Month



HEALTHCARE THAT BRINGS YOU MORE
WELLNESS

At CompCare we believe in giving you more.
Complete Cover. Committed Care. CompCare.



VISIT YOUR HEALTHCARE
PROVIDER ONLINE

u-consult.co.za

Administered by



Universal™

compcare.co.za

THE MUMED OPTION

You're young at heart, and focused on getting traction in your career and making a success of your life. You want something a little more comprehensive than what a savings plan offers.



Live life to the fullest.
ADVENTURE SPORTS are covered.

Keep **YOUR WELLNESS** at heart.

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 paid from your Annual Flexi Benefit (AFB) – even though this is classified as a day-to-day benefit, it forms part of the scheme's risk benefit.

You have a set amount of AFB per year that you can use for day-to-day claims. If you have used all your AFB before

the end of the year, you will need to pay subsequent day-to-day claims from your pocket. The balance of your GP visits will however be available even though your AFB is depleted.

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



VISIT YOUR HEALTHCARE PROVIDER ONLINE

u-consult.co.za

1

COMPREHENSIVE COVER

Comprehensive cover and innovative wellness benefits, such as an annual fitness assessment and exercise prescription programme, a nutritional assessment and healthy eating plan. Plus, you get a range of preventative care and wellness checks paid from the scheme's risk pool.

2

UNLIMITED HOSPITALISATION

MUMED offers you unlimited cover for in-hospital and hospital-related services at 100% of the scheme rate. Specialists are paid at 100% of the scheme rate.



Day-to-Day Benefits are subject to Annual Flexi Benefit (AFB)



Hospital Benefits

FIND OUT MORE on page 5

KNOW YOUR OPTION



3

BENEFITS PAID FROM RISK

All PMBs, Wellness and Preventative Care Benefits, Unlimited GP visits and Conservative Dentistry (after limits reached), Ambulance Services (Netcare 911).

Risk Benefits

37 Chronic Conditions Covered



FIND OUT MORE on page 7



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WELLNESS AND PREVENTATIVE BENEFITS

MUMED includes Preventative Care, Emotional Wellness, Active Lifestyle Programmes, Women's Health, Kids' Wellness and Men's Health Benefits.

Wellness Benefits

FIND OUT MORE on page 8

FIND OUT MORE on page 7

THESE BENEFITS ARE **SUBJECT TO ANNUAL FLEXI BENEFIT (AFB)**

DAY-TO-DAY BENEFITS



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

PTO for hospital benefits



Contact **0861 222 777** or email **compcare@universal.co.za** or visit our **Mobi App**.

Annual Benefit Amounts for 2022

	Principal Member	Adult Dependand	Child Dependand
Annual Flexi Benefit (AFB)	R6 600	R4 140	R1 680

Specialist pre-authorisation email **specauth@universal.co.za**

General pre-authorisation email **preauthorisation@universal.co.za**



REMEMBER!

- 1 Always obtain pre-authorisation
- 2 Sign any documentation you submit
- 3 Take note of the appropriate contact details

Consultations, procedures and materials

Paid from AFB.
GP: M: 6 Visits; M+1: 8 Visits; M + 2: 10 Visits; M + 3+: 11 Visits.
Once AFB is exhausted the balance of the visits are available and paid from risk (excluding procedure and material costs).
Specialist: Paid at 100% of the scheme rate.
A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, dermatologist, gynaecologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years or where multiple visits to a specialist has been authorised. Non-referral will attract a 30% co-payment. Please remember to obtain pre-authorisation for any procedures.

Auxiliary services

Paid from AFB.
Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics. Collective sub-limit of **R3 200 PMF** in-and-out of hospital.

Surgical and medical appliances

Paid from AFB.
Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators. Pre-authorisation required and sub-limits apply.

Optometry

Paid from AFB.
100% of SAQA rate.
Eye test
1 Visit PB every second year.
Lenses and contact lenses
Sub-limit of **R1 750 PB** and **R5 000 PMF**.
Frames
1 Frame PB per year sub-limit of **R900** included in lenses limit.

Radial Keratotomy and Excimer laser

Subject to AFB and optical limit.

Radiology

Basic radiology
Paid from AFB.
Including black and white X-rays and ultrasound.
Specialised radiology
MRI, CT, High resolution CT and PET scans. Combined limit with in-hospital specialised radiology benefit. Limited to **R27 000 PMF**.
Contact **0860 111 090** or email **preauthorisation@universal.co.za**

Pathology

Paid from AFB.

Dentistry

Basic dentistry
Conservative and restorative.
Specialised dentistry
Dentures, crowns, bridgework, metal fillings and inlays. Sub-limit of **R2 300 PB**. Subject to protocols.
A quotation must be submitted for approval prior to the commencement of treatment. No benefit for orthodontic treatment for patients older than 18 years.
Email address for dental authorisation **dental@universal.co.za**

SPECIALIST REFERRAL PROCESS

A referral from a GP is required before seeking treatment from a specialist, failing which said specialist consultation 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 booking the consultation 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:

- Referral letter from the member's GP on the practice letterhead.
- Member medical aid number.
- Name of dependent.

- Member's correct contact numbers.
- Intended date of specialist consultation.
- 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 is not required to go back to their GP for another referral letter in this instance.

A GP referral is not required in the following instances:

- 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's consultations, as this will be approved as part of an Oncology Management Programme.
- Optical and dental specialist consultation (Ophthalmologists and Orthodontists).
- Visits to a Dermatologist. Remember to obtain pre-authorisation for any procedures.
- Where multiple specialist visits have been authorised.

HOSPITAL BENEFITS



PTO
for risk
benefits

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 a list of co-payments and exclusions*.

Hospital related accounts

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

Medicine in hospital

Medicine upon discharge (TTO)

7 days' supply.

Surgical procedures out-of-hospital

Organ transplants

Pathology

Basic radiology

WHAT DOES 100% OF SCHEME RATE MEAN?

SCHEME RATE refers to the maximum amounts that a medical scheme will pay for specific treatments and procedures. **100% OF SCHEME RATE** means the scheme will pay 100% of what is specified in the Scheme Rules. Please note that some providers might charge more than what the Scheme will pay for and the member is liable for that shortfall.

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 email to preauthorisation@universal.co.za. These must be authorised at least 48 hours prior to admission. The member, doctor

or hospital must contact the scheme 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. A penalty will apply, should the member not obtain authorisation. This also applies to oncology treatment.



Contact **0860 111 090**, email preauthorisation@universal.co.za or visit our **Mobi App** for pre-authorisation.

For hospital account queries email hospitalaccounts@universal.co.za

Auxillary services in hospital

Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics. Collective sub-limit of **R3 200 PMF** in-and-out of hospital. Email casemanagement@universal.co.za for pre-authorisation.

Surgical prostheses

Overall limit of **R35 500 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. Limited to **R27 000 PMF**. Combined limit with in-hospital benefit limit.

Radial Keratotomy and Excimer laser

Subject to AFB and optical limit.



Procedure (Non-PMB)

The following procedural co-payments are payable on specified elective procedures (excluding PMBs)

Proctoscopy	R4 900
Nasal or sinus endoscopy	R4 900
Functional nasal surgery and septoplasty	R9 000
Hysteroscopy	R4 900
Flexible sigmoidoscopy	R4 900
Arthroscopy	R9 000
Minor gynaecological laparoscopic procedure	R4 900
Dental	R4 900
Excision lesion- benign and malignant	R4 900
Joint replacements- arthroplasty	R33 800
Conservative back and neck treatment- spinal cord injections	R23 000
Laminectomy and spinal fusion	R39 500
Nissen fundoplication- reflux surgery	R23 000

Hysterectomy, except for cancer	R17 000
Laparoscopic hemi colectomy	R5 900
Laparoscopic inguinal hernia repair	R5 900
Laparoscopic appendectomy	R5 900
Adenoidectomy, myringotomy- grommets, tonsillectomy	R3 750
Laparoscopy, hysteroscopy, endometrial ablation	R9 000
Gastrosocopy	R4 900
Colonoscopy	R4 900
Cystoscopy	R4 900

Overall Annual Limit (OAL)	R35 500
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RISK BENEFITS

PTO for
what you need
to know

Prescribed minimum benefits (PMBs)*

All PMBs are defined in the Medical Schemes Act No 131 of 1998.

Organ transplants, renal dialysis and plasmapheresis are paid in terms of PMB protocols.

COVID-19 benefit

Members who have tested positive for COVID-19 will have access to the following benefits in addition to the Prescribed Minimum Benefits:

- Pulse oximeter (**R780 PMF**)
- Nebulizer (**R520 PMF**)
- Thermal Thermometer (**R420 PMF**)

Pre-authorisation and managed care protocols apply.



Emergency medical transport services:
Netcare 911 - 082 911

Emergency care

What to do in the event of an emergency: Call the emergency medical services provider, **Netcare 911** on **082 911**.

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 AFB.
- **Emergency search and rescue.**
- Refer to **Kids Wellness** benefits for additional emergency care related to children.

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 PB over the age of 18 years, limited to **R230 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.

Oncology and speciality care*

- Unlimited **oncology** including chemotherapy and radiotherapy at the scheme's oncology DSP.
 - **Biological agents and specialised medication** – limited to **R160 000 PMF** per year (25% co-payment on non-PMB medicine).
- Contact 0860 111 090 or email oncology@universal.co.za for pre-authorisation and any oncology related queries (not account related).
- **Wound care** in lieu of hospitalisation.
 - **Oxygen home ventilation.**
 - **Home nursing visits** limited to 20 days PMF.
 - **Step-down nursing facilities, hospice and rehabilitation.**

Email alternativecare@universal.co.za for pre-authorisation.

Chronic medication*

37 Chronic conditions are covered. **27 of the 37 chronic conditions** include conditions from the Chronic Disease List (CDL).

10 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 listed on the scheme's formulary and the price of the medicine is equal to or less than the reference price of the product.

Non-CDL medicines – subject to the AFB. Once the benefit is depleted, CDL medicines are unlimited. A 25% co-payment will apply if medicine is not on the formulary.

Chronic condition and medicine registration process

In order to receive the chronic medication benefit, members must register their chronic medicine prescriptions with Universal. To register your chronic medicine prescription with Universal, either you, your doctor or your pharmacist will be required to contact Universal telephonically on **0861 222 777** or send an email to chronicmedicine@universal.co.za.

The completion of chronic medication application forms are no longer a requirement.

Conditions covered:

Addison's disease	Glaucoma
Angina	Haemophilia
Ankylosing spondylitis	HIV/AIDS
Asthma	Hormone replacement therapy
Bipolar mood disorder*	Hypertension
Bronchiectasis	Hypoparathyroidism
Cardiac arrhythmias	Hypothyroidism
Cardiomyopathy	Ischaemic heart disease
Chronic renal failure	Multiple sclerosis
Congestive cardiac failure	Myasthenia gravis
Chronic obstructive pulmonary disease	Parkinson's disease
Chronic bronchitis	Rheumatoid arthritis
Coronary artery disease	Schizophrenia
Crohn's disease	Stroke
Diabetes insipidus	Systemic lupus erythematosus
Diabetes mellitus type 1 and 2	Ulcerative colitis
Emphysema	Vertigo
Epilepsy	

Live life
to the fullest.

**ADVENTURE
SPORTS**
are covered.

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.**

Emotional wellness*

- **Psychiatric treatment in hospital** – subject to pre-authorisation and protocols.
- **Psychology: non-psychiatric admissions** – Limited to **R2 500 PMF**.
- **Alcoholism, drug dependence and narcotics** – PMB Only.
- **Psychiatry** – Subject to AFB, limited to **R4 700 PMF**.
- **Clinical psychologists** – Subject to AFB, limited to **R1 800 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.

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 300 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

Women's health:

- **Antenatal classes:** Limited to 12 antenatal classes and **R880 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 programme.
- **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.
- **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 950 PB** for oral contraceptives (RP applies) or IUD device.
- **HPV (Cervical Cancer) vaccine**
- **Papsmeat:** One test per female over the age of 18 per annum
- **Mammogram:** One test per female beneficiary over the age of 35 every 2nd year.

Men's health*

Preventative Care:

- Access to your doctor for a **physical examination**.
- **Prostate specific antigen (PSA)** blood test, paid from risk. One test per male beneficiary over the age of 40 per annum.

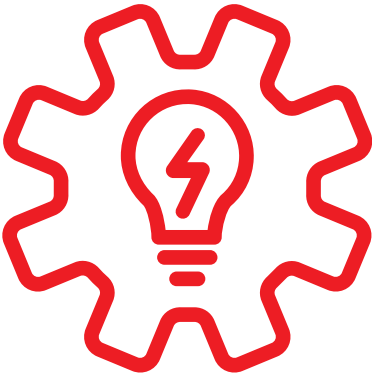
Keep **YOUR
WELLNESS**
at heart.

COMPARE'S PREVENTATIVE BENEFITS



***Scheme protocols apply**

THE BENEFITS...



Choosing CompCare gives you access to market-leading preventative and wellness benefits that guarantee maximum value that meet your budget. Here's some more reasons to choose CompCare...

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

This is proven by our solid 43-year track record and solvency levels of more than 49%, which makes us one of the most financially stable schemes in SA.

02 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.

03 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.

04 WOMEN'S HEALTH*

Mammograms, HPV (cervical cancer) vaccination and contraceptives.

05 MEN'S HEALTH*

Prostate checks and PSA blood test.

06 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, should your day-to-day benefits be depleted.

07 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.

08 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.

09 MENTAL HEALTH*

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

10 SUPERIOR SERVICES AND BENEFITS

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

10 REASONS
to choose
CompCare.

*Scheme protocols apply

MEDICAL COVER WITHOUT THE CO-PAYS:

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

GLOSSARY

A	Adult Dependant
AFB	Annual Flexi Benefit
ATB	Above Threshold Benefit
C	Child Dependant
CDL	Chronic Disease List
DSP	Designated Service Provider
MMAP	Maximum Medical Aid Price
OTC	Over the Counter Medicine
P	Principal Member
PB	Per Beneficiary
PMB	Prescribed Minimum Benefits
PMF	Per Member Family
PP	Preferred Provider
RP	Reference Pricing
SAOA	South African Optometric Association
TTO	To Take Out (Medicine taken on discharge from hospital)



MEDICAL SCHEME GONE MOBILE

CLAIMS

Submit new claims and view your claims history.

HOSPITAL PRE-AUTHORISATION

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

QUERY

Submit queries 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.

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.

NEW and IMPROVED

COMING SOON!

OUR NEW APP IS ON ITS WAY!

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).

Watch out for up and coming communications regarding the launch date!

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



THE MUMMED OPTION

Traditional Plan

Contributions Effective from 1 January 2022

Monthly	Principal Member	Adult Dependant	Child Dependant
Contribution	R3 721	R2 901	R1 046

Annual Benefit Amounts for 2022

Annual Flexi Benefit (AFB)	R6 600	R4 140	R1 680
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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.

Administered by



Universal™

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2022 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.

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

Contact details



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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