



PINNACLE Executive Style Cover from R7 818 Per Month

HEALTHCARE THAT BRINGS YOU MORE BENEES

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









COMPCARE MEDICAL SCHEME

THE PINNACLE **OPTION**

VISIT YOUR HEALTHCARE U-consult.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-ofhospital 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

vour 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). Should 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 SelfPayment 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.

FIND OUT

Wellness Benefits

MORE on

page 8

FIND OUT MORE on page 3



UNLIMITED HOSPITALISATION

PINNACLE offers you unlimited cover for in-hospital and hospitalrelated services at 100% of the Scheme rate. Specialists are paid at 200% of the Scheme rate.

> **FIND OUT** MORE on page 5

KNOW YOUR OPTION 74 Chronic Conditions Covered

WELLNESS AND **PREVENTATIVE BENEFITS**

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

FIND OUT

MORE on

page 7

FIND OUT MORE on page 7

THESE BENEFITS ARE SUBJECT TO YOUR SAVINGS (PMSA), AFB, SPG AND ATB*

DAY-TO-DAY BENEFITS

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



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

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

REMEMBER!

Always obtain pre-authorisation

ou submit

ontact details

SPECIALIST REFERRAL PROCESS

A referral from a GP is required before seeking treatment from a specialist, failing which said 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
- Member medical aid number.
- Name of dependent

Member's correct contact numbers.

A GP referral is not required in the

following instances:

- 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

age of 16, per year.

- One Urologist visit per male, over the age of 40, per year.
- Paediatrician consultations for children unde 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 obtair pre-authorisation for any procedures. Where multiple specialist visits have
- been authorised



Consultations, procedures and materials

GPs and Specialists GPs paid at 100% and specialists at 200% 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. Please remember to obtain pre-authorisation for any procedures.

_____ Medicine

Acute medication

Prescription medication - Schedule 3 and higher

A 25% co-payment is applicable on nongeneric products. Maximum Medical Aid Price (MMAP) applies to medication where a generic product is available and might result in a co-payment.

Over the counter medication (OTC)

Including homeopathic medicine and sport supplements with a NAPPI code. No sub-limit in savings. Limited to R1 150 PB and R1 650 PMF in AFB to a maximum of R250 per event. Does not accumulate to threshold.

Auxiliary services Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics.

out of hospital.

Surgical and medical appliances

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

Optometry

100% of SAOA rate. Eye test 2 Visits PB. Lenses and contact lenses Sub-limit of R5 200 PB. Frames 1 Frame PB per year sub-limit of R2 600.

Included in lenses limit

Radial Keratotomy and Excimer laser

Limited to R7 800 per eye inclusive of hospitalisation and related costs.

*Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 732 PB and R19 920 PMF.

Sign any documentation Take note of the appropriate

PTO for hospital benefits

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

Collective sub-limit of R11 000 PMF in and

Radiology

Basic radiology Including black and white X-rays and ultrasound. Specialised radiology MRI, CT, High resolution CT and PET scans. Unlimited. First R2 500 payable from PMSA with accumulation to the threshold. Contact 0860 111 090 or email preauthorisation@universal.co.za

Pathology

Dentistry

Basic dentistry Conservative and restorative. Unlimited after threshold. Specialised dentistry Dentures, crowns, bridgework, metal fillings and inlavs 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

MAJOR MEDICAL EXPENSES

HOSPITAL BENEFITS



Benefits are unlimited and paid @ 100% of the Scheme rate unless otherwise specified. Overall Annual Limit (OAL) unlimited.

Hospitalisation

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.

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Medicine in hospital

Medicine upon discharge (TTO)

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 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 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

Physiotherapy, biokinetics, dietitian, etc. Collective limit of R11 000 PMF in and out of hospital. Email casemanagement@universal.co.za for pre-authorisation.

Surgical prostheses

Overall limit of R55 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 800 per eye inclusive of hospitalisation and related costs.

05 CompCare Medical Scheme PINNACLE 2022 compcare.co.za



RISK BENEFITS ()

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.

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

hours thereafter.

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

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.

Preventative care*

- GP wellness consultation: One per year, excludes procedures. Limited to tariff codes 0190/1/2 and diagnosis codes (ICD10) 700 0 or 700 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 R310 000 PMF. Contact 0860 111 090 or email oncology@universal.co.za for preauthorisation and any oncology related queries (not account related).
- Wound care in lieu of hospitalisation.
- Oxygen home ventilation.
- Home nursing visits limited to 60 days PMF. · Step-down nursing facilities, hospice and rehabilitation.

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

Chronic medication*

74 Chronic conditions are covered. 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

CDL and non-CDL chronic conditions are unlimited 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 protocols apply. 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 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 Angina Ankylosing spondylitis

Attention deficit disorde Bipolar mood disorder* Bulimia nervosa

Epilepsy

disease

Narcolepsy

- Chronic renal failure Congestive cardiac failure
- disease Chronic bronchitis
- Connective tissue disorders Crohn's disease

Cystic fibrosis

Deep vein thrombosis Diabetes mellitus type 1 and 2 Panic disorder Pemphiaus Gastro-oesophageal reflux disease Huntington's disease Motor neuron disease Muscular dystrophy Vertiao

Osteoarthritis Paget's Disease of the Bone Paraplegia/quadriplegia Peripheral Arteriosclerotic Polyarthritis nodosa Post-traumatic stress Psoriasis/psoriatic arthritis Pulmonary interstitial fibrosis Rheumatoid arthritis Scleroderma (systemic

Thrombocytopenic purpura Valvular heart disease

Obsessive compulsive disorder Zollinger-Ellison syndrome

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.
- Specified sports supplements subject to savings and the over the counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).

Emotional wellness*

- Psychiatric treatment in hospital subject to pre-authorisation and protocols.
- Psychology: non-psychiatric admissions Limited to R4 700 PMF.
- · Alcoholism, drug dependence and narcotics - PMB Only.
- Psychiatry Subject to savings and AFB, limited to R18 750 PMF.
- Clinical psychologists Subject to savings and AFB, limited to R5 700 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*

- assessments, pre-school eye and hearing screening, a dental screening, and one additional emergency room visit limited to
- 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.

Men's health* **Preventative Care:**

- Access to your doctor for a physical examination, paid from saving 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.



Executive wellness screening:

- Executive wellness screening by a GP or registered nurse. Including:
- General Practitioner or Registered Nurse.
- 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.
- *Scheme protocols apply

PTO for what you need to know

R1 300 per event for children < 6 years.

• Medical assessment (consultation) by a • Health questionnaire / assessment.

Pre-authorisation and protocols apply.

Women's health:

- Antenatal classes: Paid from savings. Limited to 12 antenatal classes and R1 550 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
- 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.
- Papsmear: 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.

Aviation medical examinations

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

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

Pre-authorisation and clinical protocols apply.

COMPCARE MEDICAL SCHEME

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 06 KIDS HEALTH* Baby wellness visits, childhood immunisations, school readiness

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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.

*Scheme protocols apply

REASONS

to choose

CompCare.

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

- Adult Dependant Α Annual Flexi Benefit AFR
- Above Threshold Benefit ATB
- Child Dependant
- CDL Chronic Disease List
- DSP Designated Service Provider MMAP Maximum Medical Aid Price

assessments, pre-school eye, hearing and dental screening,

he depleted

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

SEEKERS*

for oncology.

should this be required

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

10 SUPERIOR SERVICES AND BENEFITS

09 MENTAL HEALTH*

GP and basic dentistry, should your day-to-day benefits

07 THE SCHEME FOR ADVENTURE

in extreme and adventure sports.

08 UNLIMITED ONCOLOGY

We've got you covered with our

n addition to solid healthcare cover we bring

you total peace of mind when participating

unlimited cancer treatment programme

subject to our treatment protocols at our designated service provider (DSP)

Unlimited professional telephonic emotional

health and wellbeing support, around-the-

clock, and referrals for one-on-one counselling

- OTC Over the Counter Medicine
- Principal Member
- PB Per Beneficiary
- PMB Prescribed Minimum Benefits
- Per Member Family PMF
- PMSA Personal Medical Savings Account PP
- Preferred Provider RP Reference Pricing
- **SAOA** South African Optometric Association
- SPG Self Payment Gap
- Threshold Level ΤL
- TTO To Take Out (Medicine taken on discharge from hospital)



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.

OUERY 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.

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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 even to 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

COMING SOON! users). Watch out for up and coming communications regarding the CompCare App 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!

BENEFITS

NEW

and

IMPROVED

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.

COMPCARE MEDICAL SCHEME

THE PINNACLE OPTION

Executive Style Cover

Contributions Effective from 1 January 2022

Monthly	Principal Member	Adult Dependant	Child Dependant
Risk	R6 255	R4 869	R1 732
Savings	R1 563	R1 217	R433
Total	R7 818	R6 086	R2 165
Annual Benefit Amo	unts for 2022		
Savings	R18 756	R14 604	R5 196
AFB	R4 320	R3 360	R1 176
Total Day-to-Day	R23 076	R17 964	R6 372
Threshold	R26 376	R20 244	R7 056
SPG	R3 300	R2 280	R684

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



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

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.

compcare.co.za