



SYMMETRY

Comprehensive Benefit Package from R4 681 Per Month



HEALTHCARE THAT BRINGS YOU MORE
BALANCE

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 SYMMETRY OPTION

You're a family man or woman, with kids at school, or perhaps one on the way, while rocking your thriving career. You want comprehensive day-to-day cover.



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).

Your day-to-day claims are initially paid from your savings (PMSA) and thereafter your Annual Flexi Benefit (AFB).

This option also provides additional cover for specified benefits once your day-to-day benefits have been exhausted. 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.

If you used all your savings and AFB before the end of the year, you will need to pay subsequent day-to-day claims from your pocket.

In-hospital claims are paid from the Scheme's risk pool.

Hospital expenses are unlimited, but sub-limits may apply to certain specified services.



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FIND OUT MORE on page 3

1 FULLY COMPREHENSIVE FAMILY PLAN

SYMMETRY includes comprehensive day-to-day cover, cover for 48 listed chronic illnesses. There is also unlimited GP visits and conservative dentistry for kids younger than 6 years once your day-to-day benefits are depleted.

2 UNLIMITED HOSPITALISATION

SYMMETRY offers you unlimited cover for in-hospital and hospital-related services at 100% of the Scheme rate.

FIND OUT MORE on page 5

KNOW YOUR OPTION

Day-to-Day Benefits are subject to your savings and AFB

Hospital Benefits

Risk Benefits

48 Chronic Conditions Covered

3 BENEFITS PAID FROM RISK

Wellness and Preventative Benefits, Unlimited GP visits (after limits reached), Ambulance Services (Netcare 911). Not subject to Savings.

FIND OUT MORE on page 7

Wellness Benefits

4 WELLNESS AND PREVENTATIVE BENEFITS

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

FIND OUT MORE on page 8

FIND OUT MORE on page 7

THESE BENEFITS ARE SUBJECT TO YOUR SAVINGS (PMSA) AND 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**.

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

GP
Unlimited GP consultations after savings and AFB is exhausted (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

Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics. Collective sub-limit of **R5 400 PMF** in and 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 (Subject to savings and AFB).

Eye test

1 Visit PB every second year.

Lenses and contact lenses

Sub-limit of **R2 300 PB**.

Frames

1 Frame PB per year sub-limit of **R1 250** included in lenses limit.

Radial Keratotomy and Excimer laser

Limited to **R5 200 per eye** inclusive of hospitalisation and related costs.

Radiology

Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans. Combined limit with in-hospital benefit and limited to **R30 000 PMF**.

First R1 500 payable from savings and AFB. Contact **0860 111 090** or email **preauthorisation@universal.co.za**

Pathology

Dentistry

Basic dentistry

Conservative and restorative.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays. Sub-limit of **R8 800 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. Specialists paid at 100% of the Scheme rate.

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

Physiotherapy, biokinetics, dietitian, etc. Collective limit of **R5 400 PMF** in and out of hospital. Email casemanagement@universal.co.za for pre-authorisation.

Surgical prostheses

Overall limit of **R38 000 PMF**. Sub-limits apply. Contact our pre-authorisation department to find out about our special arrangements for hip and knee replacements.

Specialised radiology

MRI, CT, High resolution CT and PET scans. Combined limit with in-hospital benefit and limited to **R30 000 PMF. First R1 500 payable from savings and AFB.**

Radial Keratotomy and Excimer laser

Limited to **R5 200 per eye** inclusive of hospitalisation and related costs.

Procedure (Non-PMB)

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

Proctoscopy	R3 000
Nasal or sinus endoscopy	R3 000
Functional nasal surgery and septoplasty	R9 000
Hysteroscopy	R3 000
Flexible sigmoidoscopy	R3 000
Arthroscopy	R3 000
Minor gynaecological laparoscopic procedure	R3 000
Dental	R3 000
Excision lesion- benign and malignant	R3 000
Joint replacements- arthroplasty	R17 500
Conservative back and neck treatment - spinal cord injections	R13 500
Laminectomy and spinal fusion	R28 000
Nissen fundoplication- reflux surgery	R16 800

Hysterectomy, except for cancer	R11 500
Laparoscopic hemi colectomy	R4 300
Laparoscopic inguinal hernia repair	R3 000
Laparoscopic appendectomy	R3 000
Adenoidectomy, myringotomy- grommets, tonsillectomy	R3 750
Laparoscopy, hysteroscopy, endometrial ablation	R9 000
Gastrosocopy	R3 000
Colonoscopy	R3 000
Cystoscopy	R3 000

Overall Annual Limit (OAL)	R38 000
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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 **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) 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** (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 30 days PMF.
 - **Step-down nursing facilities, hospice and rehabilitation.**

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

Chronic medication*

48 Chronic conditions are covered.

27 of the 48 chronic conditions include conditions from the Chronic Disease List (CDL).

21 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.

21 non-CDL medicines – subject to available savings and AFB and limited to **R5 000 PB** and **R7 500 PMF**.

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	Hypertension
Angina	Hypoparathyroidism
Asthma	Hypothyroidism
Attention deficit disorder	Ischaemic heart disease
Bipolar mood disorder*	Migraine
Bronchiectasis	Multiple sclerosis
Cardiac arrhythmias	Muscular dystrophy
Cardiomyopathy	Myasthenia gravis
Chronic renal failure	Paget's Disease of the Bone
Congestive cardiac failure	Paraplegia/quadriplegia
Chronic obstructive pulmonary disease	Parkinson's disease
Chronic bronchitis	Pemphigus
Coronary artery disease	Polyarthritis nodosa
Crohn's disease	Post-traumatic stress syndrome
Cushing's syndrome	Pulmonary interstitial fibrosis
Diabetes insipidus	Rheumatoid arthritis
Diabetes mellitus type 1 and 2	Schizophrenia
Emphysema	Stroke
Epilepsy	Systemic lupus erythematosus
Glaucoma	Ulcerative colitis
Haemophilia	Unipolar mood disorder/major depression
HIV/AIDS	Valvular heart disease
Hormone replacement therapy	Vertigo

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 **R3 100 PMF**.
- **Alcoholism, drug dependence and narcotics** – PMB Only.
- **Psychiatry** – Subject to savings and AFB, limited to **R7 000 PMF**.
- **Clinical psychologists** – Subject to savings and AFB, limited to **R2 100 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: Paid from savings.** Limited to 12 antenatal classes and **R1 100 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**
- **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.

Men's health*

Preventative Care:

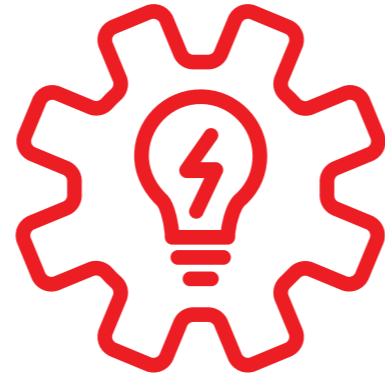
- Access to your doctor for a **physical examination**, paid from savings.
- **Prostate specific antigen (PSA)** blood test, paid from risk. One test per male beneficiary over the age of 40 per annum.



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.

10 REASONS
to choose
CompCare.

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.

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



CompCare
Medical Scheme

MEDICAL SCHEME GONE MOBILE

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!



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.

THE SYMMETRY OPTION

Healthcare That Keeps Pace With Your Life

Contributions Effective from 1 January 2022

Monthly	Principal Member	Adult Dependant	Child Dependant
Risk	R4 214	R3 286	R1 190
Savings	R467	R364	R131
Total	R4 681	R3 650	R1 321

Annual Benefit Amounts for 2022

Savings	R5 604	R4 368	R1 572
AFB	R4 860	R3 756	R1 320
Total Day-to-Day	R10 464	R8 124	R2 892

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.

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

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.

compcare.co.za