

UNISAVE
Discretionary Savings Plan from R2 870 Per Month



HEALTHCARE THAT BRINGS YOU MORE
FREEDOM

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

THE UNISAVE OPTION

You're young at heart and big on life, so you know what you want: the freedom of flexibility and cover you can count on!



Live life to the fullest. **ADVENTURE SPORTS** are covered.

Keep **YOUR WELLNESS** at heart.

VISIT YOUR HEALTHCARE PROVIDER ONLINE | u-consult.co.za

1 CONTROL YOUR DAY-TO-DAY SPENDING
Savings can be used as and when you want.

2 UNLIMITED HOSPITALISATION
UNISAVE offers you unlimited cover for in-hospital and hospital-related services.

Day-to-Day Benefits are subject to your savings (PMSA)

Hospital Benefits

Risk Benefits

27 Chronic Conditions Covered

3 BENEFITS PAID FROM RISK
All PMBs, Wellness and Preventative Benefits, Ambulance Services (Netcare 911).

4 WELLNESS AND PREVENTATIVE BENEFITS
UNISAVE includes Preventative Care, Emotional Wellness, Emotional Wellness, Active Lifestyle Programmes, Women's Health, Kids' Wellness and Men's Health benefits.

Wellness Benefits

Understanding Your Option

Let's face it, medical jargon and terminology can make your benefits feel about as easy to understand as nuclear science! Getting to grips with some key terms and concepts will help shed some light on the subjects that can get confusing.

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 savings, also referred to as your Personal Medical Savings Account (PMSA), and in-hospital claims are paid from the scheme's risk pool. Hospital expenses are

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

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

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THESE BENEFITS ARE SUBJECT TO YOUR SAVINGS (PMSA)

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

GPs and Specialists

Paid from PMSA.

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, 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

Collective limit of **R3 100 PMF** in and out of hospital.
Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics.

Radiology

Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans. The first **R1 000** is paid from available savings. Limited to **R26 500** per year unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans or PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.
Contact 0860 111 090 or email preauthorisation@universal.co.za

Surgical and medical appliances

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

Pathology

Optometry

100% of SAOA rate.

Eye test

1 Visit PB.

Lenses and contact lenses

Frames

Dentistry

Basic dentistry

Conservative and restorative. Unlimited conservative dentistry per child younger than 6 years once PMSA is depleted.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays. 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

Medicine

Paid from PMSA.

Acute medication

Prescription medication - Schedule 3 and higher.

Over the counter medication (OTC)

Including homeopathic medication and sport supplements with a NAPPI code.

Radial Keratotomy and Excimer laser

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

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

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

Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc. Limited to **R3 100 PMF**. Combined limit in and out of hospital. Subject to a separate pre-authorisation and clinical protocols. To be recommended by the treating medical practitioner. Email casemanagement@universal.co.za for pre-authorisation.

Surgical prostheses

Overall limit of **R33 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. Limited to **R26 500**. The first **R1 000** is paid from available savings.

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.



Procedure (Non-PMB)

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

Proctoscopy	R4 900	Hysterectomy, except for cancer	R17 000
Nasal or sinus endoscopy	R4 900	Laparoscopic hemi colectomy	R5 900
Functional nasal surgery and septoplasty	R9 000	Laparoscopic inguinal hernia repair	R5 900
Hysteroscopy	R4 900	Laparoscopic appendectomy	R5 900
Flexible sigmoidoscopy	R4 900	Adenoidectomy, myringotomy- grommets, tonsillectomy	R3 750
Arthroscopy	R9 000	Laparoscopy, hysteroscopy, endometrial ablation	R9 000
Minor gynaecological laparoscopic procedure	R4 900	Gastroscopy	R4 900
Dental	R4 900	Colonoscopy	R4 900
Excision lesion- benign and malignant	R4 900	Cystoscopy	R4 900
Joint replacements- arthroplasty	R26 000		
Conservative back and neck treatment- spinal cord injections	R17 500		
Laminectomy and spinal fusion	R39 500		
Nissen fundoplication- reflux surgery	R23 000		
		Overall Annual Limit (OAL)	R33 000

RISK BENEFITS

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.

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.

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.

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.

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

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.

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 **R1 800 PMF**.
- **Alcoholism, drug dependence and narcotics** – PMB Only.
- **Psychiatry** – Subject to savings.
- **Clinical psychologists** – Subject to savings.
- **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 **R850 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**.
- **Prostate specific antigen (PSA)** blood test, paid from risk. One test per male beneficiary over the age of 40 per annum.

 **Emergency medical transport services:**
Netcare 911 - 082 911

Chronic medication*

27 Chronic conditions (Chronic Disease List – CDL) are covered. Once you have registered there is an 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. 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.

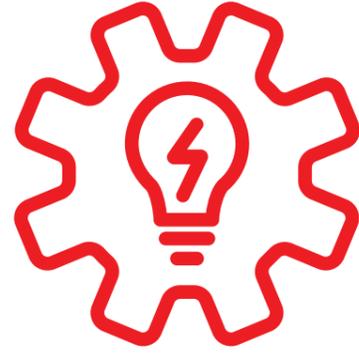
Conditions covered:

Addison's disease	Epilepsy
Asthma	Glaucoma
Bipolar mood disorder	Haemophilia
Bronchiectasis	HIV/AIDS
Cardiac arrhythmias	Hypercholesterolemia / hyperlipidaemia
Cardiomyopathy	Hypertension
Chronic renal failure	Hypothyroidism
Congestive cardiac failure	Multiple sclerosis
Chronic obstructive pulmonary disease	Parkinson's disease
Coronary artery disease	Rheumatoid arthritis
Crohn's disease	Schizophrenia
Diabetes insipidus	Systemic lupus erythematosus
Diabetes mellitus type 1 and 2	Ulcerative colitis
Emphysema	



***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
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
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 UNISAVE OPTION

Premiums You Can Afford



Contributions Effective from 1 January 2022

Monthly	Principal Member	Adult Dependant	Child Dependant
Risk	R2 154	R1 799	R646
Savings	R716	R598	R214
Total	R2 870	R2 397	R860
Annual Benefit Amounts for 2022			
Annual Savings	R8 592	R7 176	R2 568

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.