

2019

INFORMATION AND BENEFIT GUID



INFORMATION AT YOUR FINGERTIPS: DOWNLOAD OUR APP TODAY!

EMOTIONAL WELLNESS

TATIVE CARE & ESS BENEFITS

PLUS

Men's health Women's health Kids' health



JUMPSTART YOUR BODY

With CompCare's Active Lifestyle Programme chronic illnesses covered

MEDICAL COVER FOR

MUME

TRADITIONAL PLAN

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



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2019 ISSUE

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Choosing the best medical scheme for you, your family or the employees of your company, is no small matter, as the choices made will have long-term consequences.

CompCare is a long-standing scheme with an outstanding track record of "being there when you need us most". Not only is our offering among the most affordable, but the scheme has also been independently ranked as one of the most financially sustainable schemes on the market. And as you'd expect, CompCare does not only have rich benefits catering for every taste and need, but we are also known for highly innovative product design and some of the best preventative care and wellness benefit packages available anywhere.

We are also one of very few schemes covering professional and adventure sports.

Our committed and dedicated approach to member wellbeing ensures that individualised care is available to every member, with a "high touch" approach to care management.

CompCare works very closely with our administrator, Universal Healthcare, to ensure our members have access to service excellence and evidence-based medicine using internationally benchmarked clinical protocols – but with a caring approach.

When it comes to your healthcare needs, we've got you covered.

Josua Joubert

Principal Officer and CEO
CompCare Wellness Medical Scheme

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THE MUMED OPTION





WHY THE MUMED OPTION IS THE BEST CHOICE FOR YOU

You're young at heart, and part of the modern generation, focused on getting traction in your career and making a success of your life. You've recently got married and are planning to start a family- or maybe you already have a toddler in your newly built first home, and are planning to have another?

You're naturally discerning when it comes to buying a medical scheme option. Why wouldn't you be? It's an important decision. You've got stuff to worry about now, like looking after the medical needs of your family. Gone are the carefree days at varsity ...

You're looking for a stable, traditional plan, where you know exactly what you have available for doctor visits, medicines, optometry, specialist visits and the like- at a competitive rate.

And you want something a little more comprehensive than what a savings plan offers. You don't really have much in terms of chronic illnesses to

worry about, give or take one or two minor ailments, but what if something unforeseen happens? The MUMED option covers 37 chronic illnesses, significantly more than the minimum a medical scheme is required to cover by law. You also want to know that if something terrible happens, like cancer, you've got the cover you need.

Unlimited hospitalisation at any private hospital is of course, part of the deal. Just in case the proverbial hits the fan. You can't take any chances here.

You want even more from your medical scheme at this price? No problem. You also qualify for innovative wellness benefits, such as an annual fitness assessment and exercise prescription programme, a nutritional assessment and healthy eating plan, and a range of preventative care and wellness checks paid from the scheme's risk pool, to complement your day-to-day benefits, and to maximise the value

you get. CompCare provides the best wellness benefits in the business, as you'd expect. That's why you've chosen the scheme.

Oh, and another reason you've chosen CompCare, of course, is because you're big on life and living it to the fullest. You love the cover CompCare provides for adventure sports, which many other schemes exclude. After all, you're still an adventure junky and way too young to trade in your off-road bike for a set of lawn bowls at the country club.

So there you have it. By the way- if you think you need something more, why not consider buying up to the SYMMETRY or DYNAMIX options. They offer higher day-to-day benefit limits and cover even more chronic illnesses. Surf the CompCare website for more details (www.compcare.co.za).

1. CLAIMS

Submit new claims and view your claims history.

2. HOSPITAL PRE-AUTHORISATION

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

3. QUERY

Submit queries and view important contact details.

4. MEMBERSHIP CARD

See a digital version of your Membership Card and never be caught without it again.

INFORMATION AT YOUR FINGERTIPS

Our Member App is your mobile gateway to information. Access and view your medical scheme option, benefits and claims anywhere, anytime.

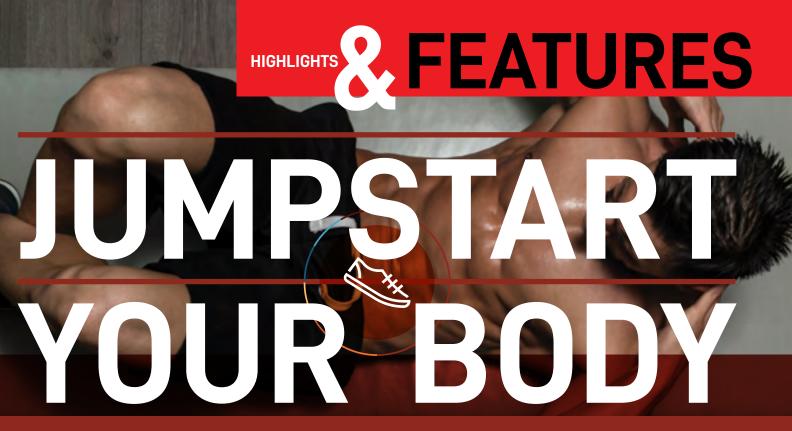


5. BENEFITS

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

6. 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.



Physical inactivity is now identified as the fourth leading risk factor for global mortality, followed by overweight and obesity.

Staying fit and healthy is a life long struggle that requires motivation in abundance. From being able to swim that extra length, or run another kilometre to achieving your perfect curves. Finding that boost of energy when all you want to do is reach for the snooze button is what it's all about, and that's where we come in to assist you.

COME ON, LAZY BONES! GET ACTIVE!

Whether you're a gym bunny nursing your six pack, someone undergoing rehabilitation following a major injury or operation, or an average Joe or Jane wanting to improve your physical health and doing the Argus in under four hours, we've got something for you. The World Health Organisation now regards exercise as a treatment, and exercise prescription is an evidence-based way of treating illness and disabilities, and ensuring wellness. They recommend that adults aged 18–64 should do a minimum of 150 – 300 minutes of moderate-intensity exercise per week.

Sign up for our scientific Fitness
Assessment and Exercise Prescription
Programme to benefit from regular interaction and monitoring courtesy of one of our registered biokineticists and exercise facilities. And the sweetener?
You can do this without having to pay gym fees.

EAT HEALTHY AND LOSE THOSE EXCESS KILOS

While you're at it, you may want to start eating healthier too. If food were a drug, for sure we'd have rehabilitation centres devoted to treating it much like those for drugs and alcohol. We have help available! Get going by signing up for our Nutritional Assessment and Healthy Eating programme which provides a consultation with a registered dietitian with a personalised health eating plan to help you achieve your goals, whether it be losing weight or eating correctly for health reasons, or following a top achiever sports nutrition programme.

Remember, excuses don't burn calories. Sign up today





HEALTHCARE OF SUBSTANCE FOR WOMEN OF SUBSTANCE

We know that women hold up at least half the sky and in-between juggling work commitments and caring for their families, they'll be busy multitasking something. Women tend to be great at prioritising the healthcare needs of others ahead of their own. This is why we're always encouraging you to invest in some self-care. Take advantage of the routine health screenings on offer, which are appropriate to your individual stage of life and lifestyle.

And do remember the importance of having a regular mammogram; we know it's not fun but it is very necessary. Among the exciting new benefits we have lined up for you is an annual benefit for contraceptives, including Intrauterine devices (IUDs) and oral contraceptives.

LISTEN UP GENTS

PROSTATE CHECKS - YOUR HEALTH IN A NUTSHELL...(NO PUN INTENDED)

Did you know that prostate problems are one of the most common conditions affecting men today? With more than 4 000 men, some as young as 40, being diagnosed with prostate cancer in South Africa every year. A prostate check, together with a prostate specific antigen (PSA) blood test, is certainly the right thing to do.

Your PSA test is a guaranteed benefit, and paid from the scheme's risk pool, so there is no reason not to go!





As parents we know what it's like to never be able to sleep in our own bed. We also understand that 'action in the bedroom' is likely to mean chasing a naked toddler while juggling a nappy, pyjamas and a Sippy cup.

Like you, we love our children and we know that they are the future. That is why we have designed a special "kid's range of benefits" to ensure that their every health and wellness need is catered for.

From baby wellness visits to childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening – we've got your precious ones well cared for.

For every child younger than six years you also get two additional GP visits and an extra visit to an emergency room every year. For 2019, we've also added a consultation with an occupational therapist, a fitness assessment and exercise prescription programme, as well as a nutritional assessment and healthy eating plan specially for kids. Now all you have to do is catch your toddler!



ADVENTURE SEEKERS - NOW YOU CAN BEALLY DI AVI

LOVE EXTREME SPORTS? YOU'RE COVERED!

So, you love the outdoors and that rush of adrenalin just before you take the plunge skydiving, racing down a steep mountain with your new bike, or watching the lights go out as you floor the accelerator, burning rubber in your suped up twin-turbo race car down the main straight... We're big on life and on living life to the fullest. We share your taste for adventure – your need to soar, glide the thermals, or ride the waves – no matter what your game may be. No matter whether you're a professional sport junky, or a weekend climbing enthusiast, we've got you covered.

We've got the ultimate package for you, we never compromise on care and if you get injured or ill, we'll send in the cavalry (and the search and rescue if need be).

ARE YOU EMOTIONALLY FIT AND STRONG?

According to a recent study conducted in South Africa, 30.3% of adults will have suffered from some form of mental disorder in a lifetime. In the twelve months covered by the study around one in six adults – or 16.5% – suffered from common mental disorders. A quarter of these cases were classified as serious, which represents about four out of every hundred South Africans.

When it comes to your emotional health and wellbeing, we've got you covered, having taken extra care to ensure that you have the necessary benefits at your disposal when you need them most. We offer a 24-hour help-line with trained clinical professionals to assist, and a referral for face-to-face counselling is also available as part of your benefit package.



WE DON'T COMPROMISE ON CANCER CARE

Did you know that as many as a quarter of South Africans have either personally been diagnosed, or have a loved one, family, friend or colleague with cancer? As many as 100 000 South Africans are diagnosed with cancer every year.

We offer a specialised cancer treatment programme with unlimited cover, subject to our treatment protocols.

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Let's face it, medical jargon and terminology can make your benefits about as easy to understand as nuclear science. Getting to grips with some key terms and concepts should, however, assist to shed some light on a subject that can at best be muddling.

So 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 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 if 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.

Please see below for more details and a better understanding of your option.



DAY-TO-DAY BENEFITS ARE SUBJECT TO:

• Annual Flexi Benefit (AFB)



BENEFITS PAID FROM RISK

- Wellness and Preventative Benefits
- Ambulance Services Netcare911



HOSPITAL BENEFIT

• Unlimited cover for in-hospital and hospital-related services at 100% scheme rates.

DAY-TO-DAY BENEFITS ARE PAID FROM THE ANNUAL FLEXI BENEFIT (AFB)

	AFB values for 2019				
	Р	А	С		
Annual Flexi Benefit (AFB)	R5 940	R3 720	R1 480		

The AFB is a risk benefit and unused balances do not carry forward to the following year.

BENEFITS PAID FROM RISK (unless otherwise indicated)

IMPORTANT NOTICE - SCHEME PROTOCOLS APPLY

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.



CHRONIC MEDICINES

37 Chronic conditions covered-visit our website to view the list:

www.compcare.co.za

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

The 10 non-CDL medicines are paid from the AFB.

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

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



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.

WOMEN'S HEALTH - WE COVER YOU FOR:

Preventative Care:

- Annual Oral Contraceptive benefit including IUDs up to R2 640 per beneficiary per year.
- Mammogram: One test per female beneficiary over the age of 35 every second year.
- HPV (Cervical Cancer) vaccine: One course (3 doses per registered schedule) per female beneficiary between 12 and 18 years of age per lifetime.
- Pap smear: One test per female beneficiary over the age of 18 per year. **Maternity benefits:**
- Antenatal visits: Limited to 12 ante-natal visits with a GP, midwife or specialist (In addition to normal benefits, not subject to savings).

Maternity bag issued on registration on maternity programme.

- **Antenatal classes: Paid from savings.** Limited to 12 antenatal classes and limited to R750 per pregnancy, including a lactation consultation with a midwife.
- **Confinements:** Includes 2 x 2D ultrasound pregnancy scans.
- Fitness Assessment and Exercise prescription: Access to the Universal Network of biokineticists for annual fitness assessment, exercise prescription and regular monitoring.

One additional assessment per pregnant women per pregnancy.

- Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, healthy eating plan prescription and regular monitoring.
 - One additional assessment per pregnant women per pregnancy.



MEN'S HEALTH

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



KIDS WELLNESS

Baby Wellness visits, childhood immunisations, school readiness assessments, pre-school eye and hearing screening, a dental screening, two additional GP visits and one additional emergency room visit **limited to R1 100 per event** for children < 6 years.

NEW

Initial Occupational Therapy consultation

FitKids fitness assessment and exercise prescription programme

NutriKids nutritional assessment and healthy eating programme



PREVENTATIVE CARE

- GP wellness consultation: One per year, excludes procedures. Limited to tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- Health check: Blood pressure, blood sugar, cholesterol, BMI and waist circumference — One measurement per beneficiary over the age of 18 years, limited to R190 per event. Only at DSP pharmacy.
- Rapid HIV tests: One test per beneficiary per year.
- Preventative malaria medication when required.
- **Flu vaccine:** One per beneficiary per year
- **Tetanus vaccine:** One vaccination when required.
- **Glaucoma test:** One per beneficiary per year.





KEEPING YOUR WELLNESS AT HEART

EMOTIONAL WELLNESS

- Psychiatric treatment in hospital 21 days per family in a hospital with a psychiatric facility or a mental health institution.
- Psychology: non-psychiatric admissions Limited to R1 650 per family.
- Alcoholism, drug dependence and narcotics PMB Only
- **Psychiatry** Paid from AFB
- Clinical psychologists Paid from AFB
 - Psychosocial counselling benefit Unlimited telephonic counselling sessions with a Universal network psychologist or social worker, with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions per beneficiary oper year.



ACTIVE LIFESTYLE PROGRAMMES

- Fitness Assessment and exercise prescription: Access to the Universal Network of biokineticists for annual fitness assessment, exercise prescription and regular monitoring
- Nutritional assessment and healthy eating plan:
 Access to the Universal Network of dietitians for annual assessment, healthy eating plan prescription and regular monitoring.
- Cover for injuries resulting from professional and adventure sports.

SPECIALITY CARE

- Oncology including chemotherapy and radiotherapy.
- Biological agents and specialised medication limited to R137 020 per family per year (25% co-payment on non-PMB medicine).
- Wound care in lieu of hospitalisation.
- Oxygen home ventilation.
- Private nursing homes.

DAY-TO-DAY BENEFITS SUBJECT TO AFBAll benefits are paid @ 100% of the scheme rate unless otherwise specified.

An benefits are paid @ 100% of the scheme rate unless otherwise specified.		ALL PLANTS
	Benefits paid from available AFB where no sub-limits are applicable	Sub-limits while AFB funds are available
GP consultations, procedures and materials		M: 6 visits; M+1: 8 visits: M+2: 10 visits: M+3+: 11 visits
Specialist Consultations, procedures and materials		
A referral from a GP is required before seeking treatment from a specialist, failure which will result in a 30% co-payment on the specialist account and all related accounts.	Ø	
Acute medicines Prescription medicines- Schedule 3 and higher		
A 25% co-payment is applicable to non-generic products. MMAP (Maximum Medical Aid Price) applies to medicines where a generic product is available and might result in a co-payment		
Over the counter medicine (OTC) and homeopathic medicine		R170 per event, R580 per beneficiary per year and R1 050 per family per year
Basic radiology Including black and white X-rays and ultrasound	Ø	
Specialised radiology MRI, CT, High resolution CT and PET scans	Combined in-and-out of hospital benefit, limited to R24 300 per family from in-hospital benefit	
Pathology	Ø	
Dentistry Conservative and restorative	⊘	
Specialised dentistry Dentures, crowns, bridgework, metal fillings and inlays, orthodontics, prosthodontics, periodontics, Osseo integrated implants including the cost of the appliances and prosthesis, maxillofacial and oral surgery		Sub-limit of R2 050 per beneficiary
Optometry Consultations		One test per beneficiary every second year
Optometry Lenses, contact lenses and disposable lenses		R1 590 per beneficiary and R4 550 per family every second year
Optometry Frames		R805 per beneficiary every second year, included in lenses limit
Auxiliary services Including audiologist (to be recommended by a medical practitioner), chiropractors, Dieticians, homeopaths (Consultations), Naturopaths (Consultations), Speech and Occupational therapists, Chiropody/ Podiatry, Social workers, Physiotherapy and Biokineticists		R3 000 per family Combined limit in and out of hospital
Mental Health- Clinical psychologists		R1 650 per family
Mental Health- Psychiatry		R4 200 per family
Oxygen home ventilation	Ø	
Private nursing homes		Limited to 20 days per family
Ante-natal classes and a lactation consultation post confinement with a midwife		12 ante-natal classes, limited to R750 per pregnancy
Surgical and medical appliances Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixator		Full list of appliances with sub-limits are available on www.compcare.co.za

HOSPITAL BENEFITS/MAJOR MEDICAL EXPENSES

IMPORTANT NOTICE - PRE-AUTHORISATION REQUIRED - PROTOCOLS APPLY

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

	All benefits are paid @ 100% of the scheme rate unless otherwise specified.					
	BENEFIT	LIMIT	WHAT TO DO	TAKE NOTE		
いたというできた。いちからなっていただっていたか	Hospitalisation: Cover in any private hospital	Unlimited	Phone for preauthorisation 48 hours before an elective procedure, otherwise you will incur a R2 000 co-payment for no pre-authorisation or R1 000 co-payment for late authorisation. The Scheme must be notified of emergency hospitalisation within 1 working day after the admission, otherwise a copayment of R500 will apply	Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website www.compcare.co.za for a list of co-payments and exclusions		
0	Hospital related accounts including: GP visits, specialists, radiology, surgical procedures and blood transfusions	Unlimited	Pre-authorisation required	Paid at 100% of scheme rate		
	Medicine in hospital	Unlimited	Pre-authorisation	Non-PMB medicine is		
	Medicine upon discharge (TTO)	7 days supply	required	subject to reference pricing		
	Pathology (in and out of hospital)	R30 380 per family per year	Pre-authorisation required	Paid at 100% of scheme rate		
	Auxillary services in hospital: physiotherapy, psychology, etc.	R3 000 per family per year Combined limit in and out of hospital	Pre-authorisation required	To be recommended by the treating medical practitioner		
	Surgical prostheses (sub-limits apply)	R32 850 per family per year	Pre-authorisation required	Full list of prostheses with sub-limits are available on www.compcare.co.za		
	Specialised Radiology including MRI, CT scans and high resolution PET scans	R24 300 per family per year	Pre-authorisation required	Preauthorisation is required for all MRI and CT Scans. High resolution CT Scans/PET Scans are subject to special medical motivation and also requires pre-authorisation. There is no benefit for unauthorised scans, except for PMBs. No benefits are available for screening or investigative purposes		
	Basic Radiology	Unlimited	Pre-authorisation required	Paid at 100% of scheme rate		

SPECIALIST REFERRAL AND AUTHORISATION PROCESS

Members and their beneficiaries are required to obtain a referral from a GP before going to a specialist for an out of hospital consultation and treatment.

The GP the referral should be submitted to Universal Healthcare upon which an authorisation will be created in the administration system to ensure that the claim is paid correctly upon receipt.

The referral can be submitted via:

- E-mail to specauth@universal.co.za;
- The call centre on 0861 222 777.

The authorisation will be:

- Granted for a period of three months in order to give the member a chance to obtain an appointment with a specialist.
- Limited to one consultation.
- For the speciality and not a particular specialist.

The following will be excluded from the specialist authorisation requirement process:

- One gynaecologist visit per female, over the age of 16, per year;
- One urologist visit per male beneficiary, over the age of 40, per year;
- 3. Paediatrician consultations for children under the age of 3;
- 4. Pregnancies;
- Oncology (will be approved as part of the oncology management programme).



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.

COMPCARE WELLNESS MEDICAL SCHEME THE BUSINESS STUFF

CONTACT US

CompCare Wellness Medical Scheme

Universal House, 15 Tambach Road, Sunninghill Park, Sandton PO Box 1411, Rivonia, 2128

Tel: 0861 222 777

E-mail: correspondence@universal.co.za

Web: www.compcare.co.za

Contact details for complaints escalated to the Council for Medical Schemes

E-mail: complaints@medicalschemes.com **Web:** www.medicalschemes.com

GLOSSARY

A Adult Dependant
 AFB Annual Flexi Benefit
 ATB Above Threshold Benefit
 C Child Dependant
 CDL Chronic Disease List

DSP Designated Service ProviderMMAP Maximum Medical Aid PriceOTC Over the Counter Medicine

P Principal Member
PB Principal Beneficiary

PF Per Family

PMB Prescribed Minimum Benefits

PMF Per Member Family

PMSA Personal Medical Savings Account

SPG Self Payment Gap

TO Take Out (Medicine taken on

discharge from hospital)



This brochure is a summary of the benefits of CompCare Wellness Medical Scheme. All information relating to the 2019 CompCare Wellness 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.