CompCare
Medical Scheme

2022 Information and Benefit Guide

BENEFIT OPTIONS

HEALTHCARE THAT BRINGS YOU MORE

OPTIONS

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

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Administered by Universal™

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

compcare.co.za

From the desk of our Principal Officer

You can count on CompCare to show up for you, in 2022 and beyond.

Choosing the right medical scheme option for you, your family or your employees is a big deal. As a family man myself, I totally get it.

To make the process a little easier, we have created a short checklist, which we attach along with your new benefit brochure, to help you with this important decision.

Once again, we've put in the hard work to anticipate the changing needs of our members and to empower you to live life to the fullest, supported by market-leading benefits designed to deliver maximum value.

And while choosing the right partner in healthcare has a lot to do with the most meaningful benefits on a sustainable budget, there's a lot more to it than that. You want a scheme that will show up when you need it.

So, this is our pledge to you. Whether you are striving for new fitness goals, starting a family, coming to terms with a difficult diagnosis or taking up an adventure sport, you can count on CompCare to show up for you and yours, now and in the future.

Yours in health and wellness,

Yours in health and wellness,

Josua Joubert

CEO and Principal Officer
CompCare Medical Scheme

COMPCARE MEDICAL SCHEME

10 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 younger than six get unlimited visits to the GP and basic dentistry, once your day-to-day benefits are 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.

***Paid from scheme risk, will not affect your day-to-day or savings benefits.**

01

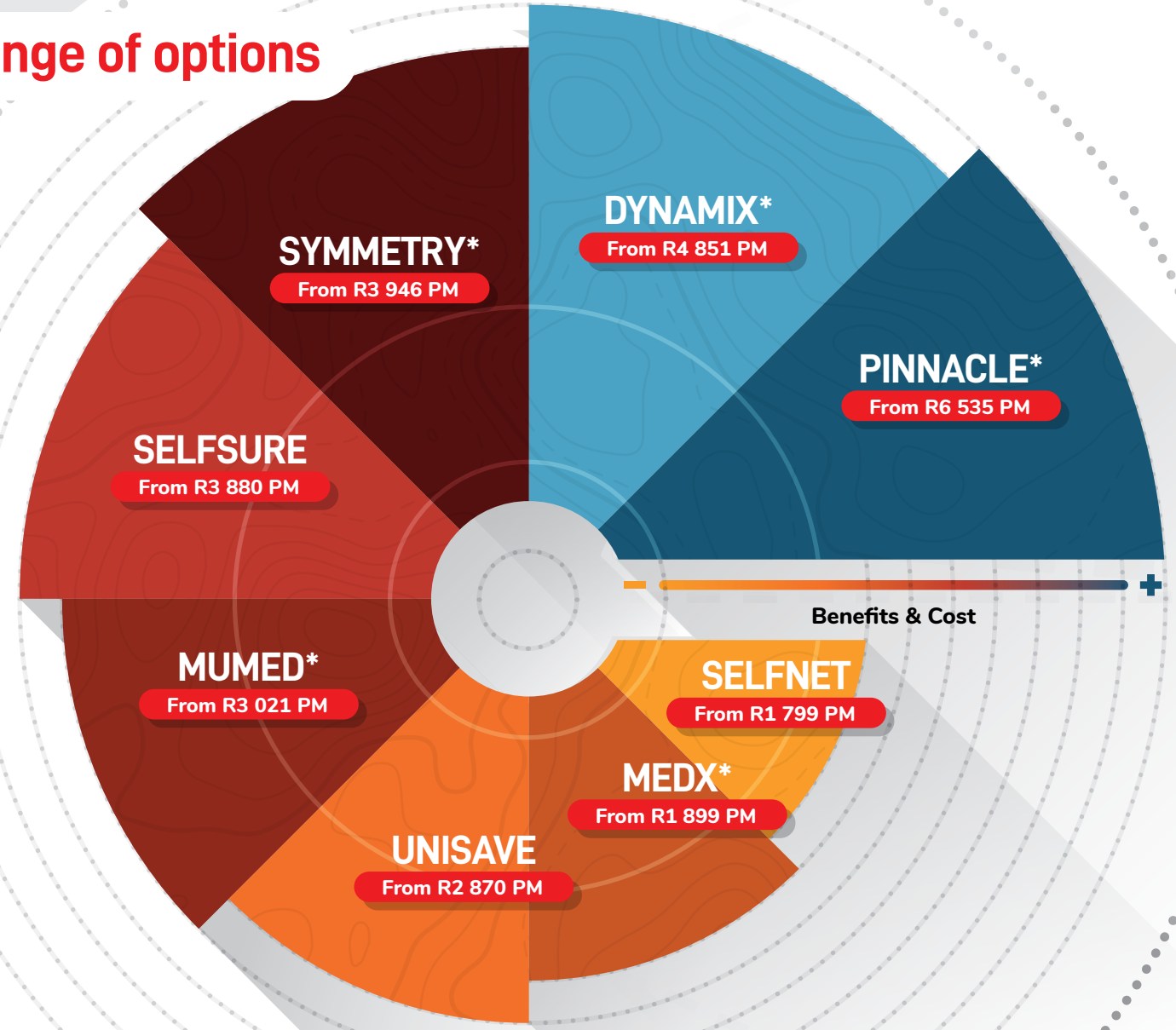
We're one of the top schemes in South Africa

The amalgamation of CompCare and Selfmed in 2019 has elevated the scheme into one of the top-ranking schemes in the industry, offering members a highly competitive product range and a customer focused service offering. Because we understand the healthcare needs of individuals we realise how important solid benefits and highly personalised products and service are to members. That's why you can count on CompCare for an extensive approach to member wellbeing.

43-year track record & solvency in excess of 49%

CompCare is a long-standing and one of the most enduring medical schemes in South Africa. The scheme, which was registered in 1978, and has been in existence for more than 43 years, has an outstanding track record. Our client-centric, results-driven approach underpins every aspect of our service offering. We've integrated knowledgeable, competent and experienced people, robust and streamlined processes, and a scalable, proven system to bring you healthcare cover you can count on. The scheme is financially stronger than ever with a solvency level well in excess of the regulated 25%.

02 Wide range of options



* Including **Efficiency Discounted** ED options within the range

PINNACLE

A new generation option that offers comprehensive cover, with unlimited hospital cover and superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

PINNACLE ED: A new generation option that offers comprehensive cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

DYNAMIX

A new generation option that offers complete cover with unlimited hospital cover and extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

DYNAMIX ED: A new generation option that offers complete cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

SYMMETRY

A new generation option that offers exceptional cover with unlimited hospital cover and above average day-to-day benefits, consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi-risk benefits are exhausted.

SYMMETRY ED: A new generation option that offers exceptional cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi-risk benefits are exhausted.

SELFSURE

A traditional option that offers extensive unlimited hospital cover within a DSP network of Private Hospitals. Day-to-day benefits are paid from risk with an extended day-to-day benefit component for specified services.

MUMED

A traditional option that offers substantial cover, with unlimited hospital cover and sufficient day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

MUMED ED: A traditional option that offers substantial cover, with unlimited hospital cover, within the Netcare Group of private hospitals. The plan offers day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

UNISAVE

The UNISAVE option offers comprehensive unlimited hospital cover. A flexible savings account allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

MEDX

A premium comprehensive private hospital benefit plan with post-operative rehabilitation benefits, as well as wellness benefits, for complete peace of mind.

MEDX ED: A premium comprehensive private hospital benefit plan within the Netcare Group of private hospitals. The plan offers post-operative rehabilitation benefits, as well as wellness benefits, for complete peace of mind.

SELFNET

The SELFNET option offers comprehensive unlimited hospital cover with a flexible savings account that allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

YOUR BODY, YOUR MOVE

We know that staying fit and healthy is important to you and we're with you on that journey every step of the way, whether that's one step or ten thousand every day.

03

Benefits that boost your active lifestyle

Snap into action, or keep riding that wave of motivation with our fitness, exercise and nutritional benefits – all of which are specially designed so you can get the most out of your active lifestyle.

Come on, get active!

From just-off-the-couch to climbing that peak, from chasing that personal best to just enough to deserve a rest, we've got something that works for you. The World Health Organization now regards exercise as a treatment, and recommends that adults aged 18–64 should do a minimum of 150 – 300 minutes of moderate-intensity exercise per week.

You can be assured we've got you covered. Sign up for our scientific Fitness Assessment and Exercise Prescription Programme at no extra cost to benefit from regular interaction and monitoring, courtesy of one of our registered biokineticists and exercise facilities. That's right, no gym fees needed.

Eat your way to wellness

Whether you want to lose weight or eat correctly for health reasons, or follow a top achiever sports nutrition programme, we're here to help you smash your goals. Our Nutritional Assessment and Healthy Eating Programme provides a consultation with a registered dietitian to whip up your personalised healthy eating plan. And the cherry on top? It's available across all our plans at no extra cost to you. **We're with you every bite of the way, so why not sign up today?**

04

Women's health

There's never been a better time than now to invest in some self-care. Take advantage of the bouquet of routine health screenings on offer, which were designed for maximum value no matter your individual stage of life and lifestyle. This includes a regular mammogram, pap smear, HPV (cervical cancer) vaccine, annual benefit for contraceptives (including IUDs), antenatal classes and visits and more!

05

Men's health

We know you're man enough to hear this. Did you know that over 4 000 men, some as young as 40, are diagnosed with prostate cancer in South Africa every year and that prostate problems are one of the most common conditions affecting men today? So gents, a prostate check together with a prostate specific antigen (PSA) blood test, is definitely the right thing to do to help you take charge of your health. Your PSA test is a guaranteed benefit, and paid from the scheme's risk pool, which means it comes at no extra cost to you. There is no excuse not to do the right thing.

06

Kids' health

There's nothing small about our kids' health benefits. We know your children mean the world to you, which is why we packed a world of value – specifically with their health and wellness needs in mind – into our plans. From baby wellness visits to childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening, we've got their every move covered. For children younger than six years, you also get unlimited GP visits and basic dentistry as well as an extra visit to an emergency room every year. We also cover 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 worry about is convincing them to eat the green stuff on their dinner plate.

Extreme and adventure sports

07

So, you love the freedom of the outdoors or an occasional rush of adrenalin. We're big on life and on living life to the fullest. We share your taste for adventure, so whether you're a professional sport junky, or a weekend warrior, we've got you covered. We'll pay for selected sport supplements from your savings account subject to our benefit sub-limits and as long as there's a valid NAPPI code. We never compromise on care, so if you get injured or ill, we'll send in the troops and even the search and rescue team if need be.

Available on all options with a savings account. Subject to sub-limits.

No compromise on cancer care

08

At CompCare we're big on the Big C. And by C we mean CARE. Did you know that a quarter of South Africans have either personally been diagnosed, or have a loved one, family, friend or colleague with cancer? With as many as 100 000 South Africans diagnosed with cancer every year, we want you to know that no matter what happens, we've got you covered with our unlimited cancer treatment programme, subject to our treatment protocols at designated oncology service providers.

Mental health matters

09

Your mind matters

South African studies show that more than 30% of adults will have suffered from some form of mental disorder in their lifetime, and 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! Because we care, we've made sure that you have the necessary benefits available to you when you need them most. We offer a 24-hour help-line with trained clinical professionals to help you whenever needed. A referral for face-to-face counselling is also available as part of your benefit package.

Superior services and benefits

10

Delivered through our partnership with leading healthcare administrator, Universal Healthcare

Universal Healthcare is a fully independent owner-managed company. Mastering the art of excellence is at their core which means members and clients benefit from a seamless, highly personalised healthcare solution that is evidence based.

CompCare Options and Benefits for 2022

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
IN-HOSPITAL BENEFITS								
Hospitalisation - private hospitals and nursing homes	100% of the scheme rate. Cover provided in a private ward. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	DSP Network of Private Hospitals. 100% of the scheme rate. Treatment subject to pre authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.	100% of the scheme rate through the Netcare group of private hospitals. Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.
Efficiency Discounted (ED) Option. Members can select Designated Service Providers (DSP's) for in-hospital services and chronic medicines upon which contributions will be discounted. Voluntary admission to a non-Netcare facility will attract a co-payment of 30% with a minimum of R7 500 (not applicable to emergencies). Voluntary use of a non-DSP pharmacy will result in a 25% co-payment.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy - including Dis-Chem Courier pharmacies.	No ED Option.
Overall Annual Limit (OAL)	Unlimited							
Co-payments and exclusions	See list of co-payments and exclusions.							
GPs and specialists	Unlimited. Specialists paid at 200% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.
Medication - only while in hospital	100% of cost.							
Medication on discharge from hospital (TTO) - subject to Reference Pricing (RP) and formularies	Limited to 7 days per discharge.							
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall limit of R55 000. Sub- limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R43 000. Sub- limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R38 000. Sub- limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R38 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R35 500. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R33 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R31 500. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to PMSA for non PMBs.
Auxiliary services physiotherapy, psychology, etc.	Limited to R11 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R7 500 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R5 400 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R4 300 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 200 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 100 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 000 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 000 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.
Psychiatric treatment in hospital	100% of the scheme rate. Subject to pre-authorisation, protocols and PMBs.							
Psychology (non-psychiatric admissions)	Limited to R4 700 PMF.	Limited to R3 700 PMF.	Limited to R3 100 PMF.	Limited to R2 600 PMF.	Limited to R2 500 PMF.	Limited to R1 800 PMF.	Limited to R1 800 PMF.	Paid from PMSA.
All specialised radiology including MRI, CT and PET scans	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT Scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 500 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 250 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Limited to R30 000 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre - authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 500 is paid from available PMSA.	100% of the scheme rate. Limited to R27 200 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. A co-payment of R2 500 will apply.	100% of the scheme rate. Limited to R27 000 per annum unless otherwise pre-authorised. Pre- authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre- authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. Limited to R26 500 per annum unless otherwise pre-authorised. Pre- authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 000 is paid from available PMSA.	100% of the scheme rate. Limited to R24 000 per annum unless otherwise pre-authorised. Pre- authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre- authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. Limited to R20 000 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Basic radiology	100% of the scheme rate. Unlimited. Subject to scheme protocols.							
Pathology	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R34 000 PMF.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols. Limited to R26 800 PMF.	100% of the scheme rate. Combined in and out of hospital limit of R22 500 PMF.
Confinements	100% of the scheme rate. Subject to pre-authorisation and protocols.							
Alcoholism, drug dependence and narcotics	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation and protocols.
Organ transplants, plasmapheresis, renal dialysis	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation, protocols and PMBs.	Subject to pre-authorisation and protocols.
Professional sports injuries	Subject to pre-authorisation and protocols.							
ALTERNATIVES TO HOSPITALISATION								
Oncology including chemotherapy and radiotherapy	Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.							
Biological agents and specialised medication	Pre-authorisation required. R310 000 PMF. Protocols apply.	Pre-authorisation required. R230 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R160 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.
Step-down nursing facilities, hospice and rehabilitation	Unlimited. Subject to pre-authorisation and clinical guidelines.							
Surgical procedures out-of-hospital	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	No benefit unless in lieu of hospitalisation. Subject to pre-authorisation and protocols.	Unlimited. Subject to preauthorisation and protocols. Paid from PMSA.
Radial keratotomy and excimer laser	Annual limit of R7 800 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R7 000 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R5 200 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Subject to optical benefit, pre-authorisation and protocols.	Subject to optical benefit, pre-authorisation and protocols.	Paid from PMSA Subject to optical benefit, pre-authorisation and protocols.	PMBs only.	Paid from PMSA.
Wound care in lieu of hospitalisation	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.

MEDICAL COVER WITHOUT THE COPAYS

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**

For more information, visit our website (**compcare.co.za**) or the Mobi App.

PINNACLE (paid from risk)

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

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

EXECUTIVE WELLNESS SCREENING*
Executive wellness screening by a GP or registered nurse. Including:

- Medical assessment (consultation) by a General Practitioner or Registered Nurse.
- Health questionnaire / assessment.
- 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.

Pre-authorisation and protocols apply

CompCare Options and Benefits for 2022

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
			DAY-TO-DAY BENEFITS					
Day-to-day benefits	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB), where after the member will be liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the annual threshold at the scheme rate. 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.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from an Annual Flexi Benefit (AFB), where after the member is then liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the threshold level at the scheme rate. Once the threshold level is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R8 280 PB and R14 676 PMF – further sub-limits apply.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB). Total annual day-to-day benefits: Normal Option: P: R10 464, A: R8 124, C: R2 892 When AFB is exhausted additional benefits are available.	Out-of-hospital radiology, pathology, basic dentistry, physiotherapy and biokinetics are paid from the Day-to-Day Extender Benefit which is limited to R6 000 PB and R8 600 PMF. All other out-of-hospital benefits are paid from the Day-to-Day Benefit of: P: R6 000, A: R4 200, C: R2 100 (maximum of 3 children)	Benefits are paid from the Annual Flexi Benefit (AFB). AFB limits: Normal Option: P: R6 600, A: R4 140, C: R1 680 When AFB is exhausted additional benefits are available.	Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R8 592, A: R7 176, C: R3 568 (maximum of 3 children)	Post-operative rehabilitation – physiotherapy, occupational therapy and biokineticist. Limited to R3 800 PB per annum 14 Days for non PMBs. Must be pre-authorised. Protocols apply.	Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R3 876 A: R3 876 C: R1 368 (maximum of 3 children)
General practitioners	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Paid from PMSA and AFB. Once PMSA and AFB are exhausted consultations (excluding procedures and materials) are unlimited. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of scheme rate. Subject to Day-to-Day Benefit. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees (including virtual consultations), procedure and material costs. Paid from AFB first, limited to M: 6 visits M+1: 8 visits M+2: 10 visits M+3+: 11 visits Once AFB is exhausted, the balance of visits is available and paid from risk (excluding procedures and materials). Unlimited GP visits per child younger than 6 years once AFB is depleted.	Paid from PMSA. Unlimited GP visits per child younger than 6 years once PMSA benefits are depleted.	PMBs only. Unlimited GP visits per child younger than 6 years.	Paid from PMSA. Unlimited GP visits per child younger than 6 years once PMSA benefits are depleted.
Specialists	200% of the scheme rate. Paid from PMSA, AFB and SPG, thereafter from ATB. Referral from a GP required.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 500 PMF apply, subject to overall above threshold limit. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA and AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of scheme rate. Subject to Day-to-Day Benefit. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	PMBs only.	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.
Chronic medicines	Subject to formulary. RP applies. 74 conditions (27 CDL conditions + 47 non-CDL conditions). Unlimited for registered conditions.	Subject to formulary. RP applies. 65 conditions (27 CDL conditions + 38 non-CDL conditions). Unlimited for registered CDL conditions. Non-CDL conditions is paid from PMSA, AFB and SPG first. Limited to R10 000 PB, and R17 000 PMF. ATB limited to R3 500 PMF, subject to the overall Above Threshold Limit.	Subject to formulary. RP applies. 48 conditions (27 CDL conditions + 21 non-CDL conditions). Non-CDL conditions subject to PMSA and AFB. Limited to R5 000 PB, R7 500 PMF.	Subject to formulary. RP applies. Unlimited for 40 conditions (27 CDL conditions + 13 non-CDL conditions). Non-CDL conditions subject to Day-to-Day Benefit.	Subject to formulary. RP applies. Unlimited for 37 conditions (27 CDL conditions + 10 Non-CDL conditions). Non-CDL conditions subject to AFB.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Acute medicines - schedule 3 and higher	Paid from PMSA, AFB and SPG. Thereafter from ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 350 PMF, subject to overall ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA and AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from Day-to-Day Benefit. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA.	PMBs only.	Paid from PMSA.
Over the counter medication - including schedule 0, 1 and 2 medicines and homeopathic medicines	Subject to PMSA and AFB. Limited to R1 150 PB and R1 650 PMF and max per event R250 once in AFB. Subject to RP. Does not accumulate to threshold. Including **Specified sports supplements** provided there is a valid NAPPI code from available PMSA.	Subject to PMSA and AFB. Limited to R1 000 PB and R1 450 PMF and max per event R220 once in AFB. Subject to RP. Does not accumulate to threshold. Including **Specified sports supplements** provided there is a valid NAPPI code from available PMSA.	Subject to PMSA and AFB. Limited to R780 PB and R1 300 PMF and max per event R200 once in AFB. Subject to RP. Including **Specified sports supplements** provided there is a valid NAPPI code from available PMSA.	Paid from Day-to-Day Benefit. Limited to R300 per event.	Paid from AFB Limited to R650 PB and R1 250 PMF. Max per event R200. Subject to RP.	Paid from PMSA. Including **Specified sports supplements** provided there is a valid NAPPI code from available PMSA.	No benefit.	Paid from PMSA. Including **Specified sports supplements** provided there is a valid NAPPI code from available PMSA.
Basic radiology - X-rays including black and white X-rays and Ultrasound	Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 500 PMF apply, subject to overall ATB. Combined ATB limit with pathology.	100% of the scheme rate. Paid from PMSA and AFB.	100% of the scheme rate jointly limit with Pathology, Basic Dentistry, Biokineticist and Physiotherapy to R6 000 PB and R8 600 PMF. (Day-to-Day Extender Benefit).	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Paid from PMSA.	In-hospital benefit only.	100% of the scheme rate. Paid from PMSA.
All specialised radiology including MRI, CT and PET scans	Combined with in-hospital specialised radiology benefit. The first R2 500 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. The first R2 250 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. Limited to R30 000 PMF. The first R1 500 is payable from the PMSA and AFB.	Combined with in-hospital specialised radiology benefit, limited to R27 200 PMF. A co-payment of R2 500 will apply.	Combined with in-hospital specialised radiology benefit. Limited to R27 000 PMF.	100% of the scheme rate. Subject to PMSA.	In-hospital benefit only.	100% of the scheme rate. Limited to R20 000 PMF unless otherwise pre-authorised. Preauthorisation required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.
Pathology	100% of the scheme rate. Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 450 PMF apply, subject to overall ATB. Combined ATB limit with radiology.	100% of the scheme rate. Paid from PMSA and AFB.	100% of the scheme rate jointly limited with Radiology, Basic Dentistry, Biokinetics and Physiotherapy to R6 000 PB to a maximum of R8 600 PMF (Day-to-Day Extender Benefit). Combined in-and-out of hospital limit of R34 000 PMF.	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Subject to PMSA.	PMBs only.	100% of the scheme rate. Subject to PMSA, combined in-and-out of hospital benefit.
Conservative dentistry including consultations, preventative care, fillings, extractions and infection control	100% of the scheme rate. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Subject to PMSA, AFB and SPG. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Subject to PMSA and AFB. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate jointly limited with Radiology, Pathology, Biokinetics and Physiotherapy to R6 000 PB to a maximum of R8 600 PMF. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted (Day-to-Day Extender Benefit).	100% of the scheme rate. Subject to AFB. Unlimited conservative dentistry per child younger than 6 years once AFB is depleted.	100% of the scheme rate. Subject to PMSA. Unlimited conservative dentistry per child younger than 6 years once PMSA is depleted.	Unlimited conservative dentistry per child younger than 6 years.	100% of the scheme rate. Subject to PMSA. Unlimited conservative dentistry per child younger than 6 years once PMSA is depleted.

CompCare Options and Benefits for 2022

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Specialised dentistry, including maxillofacial and oral surgery- in-and-out of hospital combined limit **(A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment excluded for patients older than 18)**	100% of the scheme rate. Paid from PMSA and AFB. Thereafter paid from ATB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R13 000 PB and R18 000 PMF. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB. Limited to R8 800 PB. Subject to scheme protocols.	100% of the scheme rate. Subject to the Day-to-Day Benefit. R2 000 co-payment will apply.	100% of the scheme rate. Paid from AFB. Limited to R2 300 PB. Subject to scheme protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.	100% of the scheme rate. Subject to PMSA.
Optometry visits	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 1 visit PB every second year.	1 visit PB every second year included in the R5 700 PMF optometry limit.	Subject to AFB. 1 visit PB every second year.	Subject to PMSA.	PMBs only.	Subject to PMSA.
Lenses and contact lenses	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R5 200 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R4 200 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R2 300 PB every second year. Subject to protocols.	100% of the scheme rate. Limited to optometry benefit of R5 700 PMF every second year. Sub-limit of R1 000 for lenses or contact lenses. Subject to protocols.	100% of the scheme rate. Paid from AFB, subject to a sub-limit of R1 750 PB and R5 000 PMF every second year. Subject to protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.	Subject to PMSA.
Frames	Sub-limit of R2 600 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 780 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 250 per frame. 1 frame PB every second year, included in lenses limit.	Sub-limit of R560 PB, included in optometry limit.	Sub-limit of R900 per frame. 1 frame PB every second year, included in lenses limit.	Subject to PMSA.	PMBs only.	Subject to PMSA.
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dietitians, chiropractors (X-rays excluded), audiologist, physiotherapy and biokinetics in-and-out of hospital. **Subject to protocols (Combined limit in-and-out of hospital)**	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R11 000 PMF, in- and-out of hospital.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R7 500 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from PMSA and AFB. Collective limit of R5 400 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from Day-to-Day Benefit. Biokinetics and physiotherapy paid from Day-to-Day Extender Benefit, limited to a collective sub-limit of R4 300 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from AFB. Collective limit of R3 200 PMF, in-and-out of hospital.	Subject to PMSA.	PMBs only.	Subject to PMSA.
Clinical psychologists	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R5 700 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 600 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 100 PMF.	100% of the scheme rate. Limited to the Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R1 800 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.	Subject to PMSA.
Surgical and medical appliances e.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation required.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to the Day-to-Day Benefit.	100% of the scheme rate. Sub-limits and protocols apply. Subject to AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA.	PMBs only.	Subject to PMSA.
Psychiatry	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R18 750 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R11 000 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R7 000 PMF.	100% of the scheme rate. Limited to the Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R4 700 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.	Subject to PMSA.
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.							
Oxygen home ventilation - subject to PMBs and protocols. Pre-authorisation required.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to the Day-to-Day Benefit.	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Subject to PMSA.	PMBs only.	Subject to PMSA.
Home nursing visits - Pre-authorisation required.	100% of the scheme rate. Limited to 60 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 40 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 30 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 25 days PMF. Subject to the Day-to-Day Limit.	100% of the scheme rate. Limited to 20 days PMF. Subject to AFB.	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA.	PMBs only.	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA.
Ante-natal classes	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 550 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 450 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 100 per pregnancy.	100% of the scheme rate. 12 antenatal classes limited to R950.	100% of the scheme rate. Subject AFB. Limited to 12 antenatal classes and a lactation consultation with a midwife and limited to R880 per pregnancy.	100% of the scheme rate. Subject to PMSA. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R850 per pregnancy.	No benefit	Subject to PMSA.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Ante-natal visits and scans - subject to protocols. Pre-authorisation required.	100% of the scheme rate. Limited to 12 ante-natal visits with a GP, Specialist or Midwife. Paid from risk. Foetal scans limited to 2 x 2D scans PB per year and can opt for a 3D scan (paid at the rate of a 2D scan). Maternity bag issued with registration on maternity programme.							100% of the scheme rate. Subject to PMSA. Limited to 8 antenatal classes and a lactation consultation with a mid-wife.
Emergency roadside assistance and ambulance transportation provided by Netcare 911	100% of the scheme rate. In non-emergency cases, authorisation must be obtained from Netcare 911 at the time of transportation or within 24 hours thereof, failing which will result in a 25% co-payment.							
International travel: Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates. Register your journey and obtain a travel certificate on www.tic.co.za/compcare.							
Hospital emergency room and casualty emergency visits not requiring admission. Excluding facility fees.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from Day-to-Day Benefit.	Paid from AFB.	Paid from PMSA.	PMBs only.	Paid from PMSA.
Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMBs.							
Emergency room child benefit	One additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 300 per event.							

WELLNESS BENEFITS

Wellness, lifestyle and preventative care All benefits are paid from risk, except where otherwise indicated	GP wellness consultation: One visit PB per annum, excludes procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1. Blood pressure, blood sugar, cholesterol, BMI and waist circumference: One measurement PB over the age of 18 years, limited to R230 per event over the age of 18. Only at DSP pharmacy. Rapid HIV tests: 1 test PB per annum. Prophylaxis- malaria preventative medicine as required. Flu Vaccine: Once per annum PB. Tetanus vaccine: One injection when required. PSA (Prostate Specific Antigen): One test per male beneficiary over the age 40. One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75. Glaucoma test: One PB per annum. Pap smear: One test per female beneficiary over the age of 18 per annum. 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. Adult pneumococcal vaccine PB as required, subject to pre-authorisation and protocols. Fitness Assessment and exercise prescription: Access to Universal Network biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring. One additional assessment per pregnant women per pregnancy. Strict protocols apply. 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. Strict protocols apply. Contraceptives: Limited to R2 950 PB per annum. For oral contraceptives, RP applies. For IUD benefit, device only.
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.**
New-born to adult benefit. Subject to protocols	Baby wellness visit: Two visits per annum for children between 4 weeks and 18 months at a DSP. Childhood immunisations: Applicable to children up to the age of 12 years, as per recommendation of the Department of Health. Unlimited GP visits and conservative dentistry per child younger than 6 years once day-to-day benefits are depleted. School readiness assessments: 5 – 7 years old Psychometric testing, 14 – 18 years, pre-school eye and hearing screening for children aged 5 and 6 Dental screening for children 5 – 7 years old. Kid's active benefit: Fitness assessment and exercise prescription for children between 8 and 12 years with a Universal Network biokineticist. SporTeen: annual fitness assessment, virtual consultations, and exercise prescription for children between 13 and 17 years with a Universal Network biokineticist. Kid's nutritional benefit: Access to a Universal Network dietitian for nutritional assessments and assistance with a healthy eating plan for children from 8 years and older.

*** 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.**

Hospital cost only	R	R	R	R	R	R	R	R
Gastroscopy	n/a	R2 800	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Colonoscopy	n/a	R2 800	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Cystoscopy	n/a	R2 800	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA

Co-Payments 2022

PROCEDURE (NON-PMB)	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Proctoscopy	n/a	n/a	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Nasal or sinus endoscopy	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	R5 200
Functional nasal surgery and septoplasty	n/a	R2 600	R9 000	R9 000	R9 000	R9 000	R9 000	R10 000
Hysteroscopy	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Flexible sigmoidoscopy	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Arthroscopy	n/a	R2 600	R3 000	R6 000	R9 000	R9 000	R9 000	PMSA
Minor gynaecological laparoscopic procedure	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	R4 900
Dental	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	PMSA
Excision lesion- benign and malignant	n/a	R2 600	R3 000	R4 000	R4 900	R4 900	R4 900	R4 900
Joint replacements- arthroplasty	n/a	R2 000	R17 500	EXCLUDED	R26 000	R26 000	R29 200	PMSA
Conservative back and neck treatment- spinal cord injections	n/a	R2 000	R13 500	EXCLUDED	R23 000	R17 500	R27 000	PMSA
Laminectomy and spinal fusion	n/a	R2 600	R28 000	EXCLUDED	R39 500	R39 500	R41 500	PMSA
Nissen fundoplication- reflux surgery	n/a	R2 600	R16 800	R19 500	R23 000	R23 000	R23 000	PMSA
Hysterectomy, except for cancer	n/a	R2 600	R11 500	R14 000	R17 000	R17 000	R17 000	PMSA
Laparoscopic hemi colectomy	n/a	R2 600	R4 300	R5 200	R5 900	R5 900	R5 900	PMSA
Laparoscopic inguinal hernia repair	n/a	R2 600	R3 000	R4 400	R5 900	R5 900	R5 900	PMSA
Laparoscopic appendectomy	n/a	R2 600	R3 000	R4 400	R5 900	R5 900	R5 900	R5 900
Adenoidectomy, myringotomy- grommets, tonsillectomy	n/a	n/a	R3 750	R3 750	R3 750	R3 750	R3 750	R3 750
Laparoscopy, hysteroscopy, endometrial ablation	n/a	n/a	R9 000	R9 000	R9 000	R9 000	R9 000	R9 000
ANNUAL LIMIT	R55 000	R43 000	R38 000	R38 000	R35 500	R33 000	R31 500	PMSA

Scheme Specific Exclusions*: 2022

EXCLUSIONS

Apart from the general exclusions of the scheme as listed under the hospitalisation section and related treatment for the following procedures are excluded, unless a PMB:

APPLICABLE TO THE MEDX OPTIONS:

- Deep brain implants (e.g. for Parkinson's Disease) and internal nerve stimulators.
- Corneal transplants.
- Cochlear implants.
- Bunion surgery.

APPLICABLE TO THE SELFSURE OPTION

- All spinal surgery (including neck), except in the event of acute injury.
- All joint replacements, except in the event of acute injury.
- Laminectomy and spinal fusion.

***Refer to page 21 for a list of scheme specific exclusions (scheme rules apply).**

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances: 2022

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
2.1 Coronary artery stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Stents (max of 3)	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R13 200 per stent.							
	Medicated stents (max 3 stents)		Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R20 500 per stent.							
2.2 Other stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Abdominal aortic aneurism stents	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Carotid stents		R30 000	R30 000	R30 000	R30 000	R30 000	R30 000	R30 000	R30 000
	Renal stents		R5 600	R5 600	R5 600	R5 600	R5 600	R5 600	R5 600	R5 600
	Aneurysm coils		R39 500	R39 500	R39 500	R39 500	R39 500	R38 000	R36 400	R36 400
2.3 Heart valves etc. (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Heart valves (Mitral etc)	Annual	R27 000	R27 000	R27 000	R27 000	R27 000	R27 000	R27 000	R27 000
2.4 Orthopaedic prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Hip prosthesis	Annual	R36 400	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Knee prosthesis		R36 400	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Shoulder prosthesis		R36 400	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Elbow prosthesis		R35 000	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Ankle prosthesis		R35 000	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Wrist prosthesis		R35 000	R35 000	R35 000	EXCLUDED	R33 300	R32 300	R31 200	R31 200
	Finger prosthesis		R22 000	R22 000	R22 000	EXCLUDED	R22 000	R22 000	R22 000	R22 000
	Spinal instrumentation – per level limited to 2 levels and 1 procedure per beneficiary per year		R27 000 for first level and R55 000 for two and more levels	R22 000	R20 000	EXCLUDED	R16 600	R11 000	R11 000	R11 000
	Spinal cages		R30 000	R28 000	R23 400	EXCLUDED	R19 200	R16 000	R15 500	R15 500
	Spinal implantable devices		Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	EXCLUDED	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL
	Internal fixators for fractures		R29 500	R28 000	R22 000	R20 000	R20 000	R17 000	R16 600	R16 600
2.5 Artificial limbs (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Through knee	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Below knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Above knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Partial foot		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Partial hand		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Below elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Above elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
2.6 Other prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Intra ocular lenses	Annual	R4 700	R4 000	R3 500	R3 200	R3 200	R3 750	R3 750	R3 750
	Bladder sling		R9 000	R9 000	R9 000	R9 000	R9 000	R9 000	R9 000	R9 000
	Hernia mesh		R9 300	R9 300	R9 300	R9 300	R9 300	R9 300	R9 300	R9 300
	Vascular grafts		R30 000	R30 000	R28 000	R24 000	R22 000	R16 600	R16 600	R16 600

CompCare Options and Benefits for 2022

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
2.7 Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Single chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Dual chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)							
	Internal nerve stimulators		R120 000	R120 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)		R208 000	R208 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Insulin pumps		R25 000	R25 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
2.8 Surgical appliances (Subject to day-to-day benefits)	**Overall limit**	**Annual**	**R34 900**	**R17 900**	**R12 500**	**R11 900**	**R11 400**	Subject to PMSA	PMBs only	PMBs only
	Hearing aids	1 per year, 3 yearly interval	R23 900	R17 700	R10 800	R9 700	R8 700			
	Artificial eyes	5 year interval	R23 900	R17 700	R12 500	R11 900	R11 400			
	BP monitor	3 year interval	R700	R700	R700	R700	R700			
	Glucometer	3 year interval	R700	R700	R700	R700	R700			
	Humidifier	3 year interval	R300	R300	R300	R300	R300			
	Nebuliser	3 year interval	R590	R590	R590	R590	R590			
	Moonboot	Annual	R2 400	R2 400	R2 400	R2 400	R2 400			
	Elbow crutches	Annual	R700	R700	R700	R700	R700			
	CPAP machines	3 year interval	R10 700	R10 700	EXCLUDED	EXCLUDED	EXCLUDED			
	Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime	R10 400	R10 400	R10 400	EXCLUDED	EXCLUDED			
	Braces and callipers	Annual	R780	R780	R780	R780	R780			
	Rigid back brace	Annual	R5 900	R5 900	R3 200	EXCLUDED	EXCLUDED			
	Sling clavicle brace	Annual	R570	R570	R570	EXCLUDED	EXCLUDED			
	Wigs	Annual	R2 100	R2 100	R2 100	EXCLUDED	R1 100			
	Bra's for breast prosthesis after mastectomies	2 per annum	R3 000	R3 000	R3 000	R1 100	R1 050			
	Breast prosthesis	Annual	R3 500	R3 500	R3 500	R1 100	R1 100			
	Commodes	3 year interval	R2 200	R2 200	R2 200	R1 100	R1 100			
	Wheelchairs	3 year interval	R4 600	R4 600	R4 600	R1 100	R1 100			
	Swivel Bath chairs	3 year interval	R1 800	R1 800	R1 800	EXCLUDED	EXCLUDED			
	Walking frames	3 year interval	R1 100	R1 100	R1 100	EXCLUDED	EXCLUDED			
	Rehabilitative foot orthotics	Annual	R3 500	R3 500	R2 100	R1 100	R1 100		EXCLUDE	EXCLUDE
2.9 Wearable devices	Wearable devices claimable only with a valid NAPPI code	Annual	Available savings up to a maximum of R3 200	Available savings up to a maximum of R3 200	Available savings up to a maximum of R3 200	EXCLUDE	EXCLUDE	Subject to PMSA	EXCLUDE	EXCLUDE
2.10 Stockings (Subject to day-to-day benefits)	Elastic stockings	Annual	R2 100	R1 600	R1 100	R860	R650	Subject to PMSA	PMBs only	PMBs only
	Full length stockings		R2 100	R1 600	R1 100	R860	R650	Subject to PMSA		
	Anti-embolic stockings		R2 100	R1 600	R1 100	R860	R650	Subject to PMSA		

Chronic Conditions Covered: Effective 1 January 2022

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Addison's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Allergic rhinitis	Yes	Yes	No	No	No	No	No	No
Angina	Yes	Yes	Yes	Yes	Yes	No	No	No
Ankylosing spondylitis	Yes	Yes	No	Yes	Yes	No	No	No
Anorexia nervosa	Yes	No	No	No	No	No	No	No
Asthma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Attention deficit disorder	Yes	Yes	Yes	No	No	No	No	No
Barrett's oesophagitis	Yes	No	No	No	No	No	No	No
Bechet's disease	Yes	Yes	No	No	No	No	No	No
Benign prostatic hyperplasia	Yes	No	No	No	No	No	No	No
Bipolar mood disorder *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bronchiectasis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bulimia nervosa	Yes	No	No	No	No	No	No	No
Cardiac arrhythmias *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cardiomyopathy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic renal failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Congestive cardiac failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conn's syndrome	Yes	No	No	No	No	No	No	No
Chronic obstructive pulmonary disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic bronchitis	Yes	Yes	Yes	Yes	Yes	No	No	No
Connective tissue disorders (mixed)	Yes	Yes	No	No	No	No	No	No
Coronary artery disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crohn's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cushing's syndrome	Yes	Yes	Yes	Yes	No	No	No	No
Cystic fibrosis	Yes	Yes	No	No	No	No	No	No
Deep vein thrombosis	Yes	No	No	No	No	No	No	No
Diabetes insipidus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes mellitus type 1 and 2 *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema	Yes	Yes	Yes	Yes	Yes	No	No	No
Epilepsy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generalised anxiety disorder	Yes	Yes	No	No	No	No	No	No
Glaucoma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gastro-oesophageal reflux disease	Yes	Yes	No	No	No	No	No	No
Gout/hyperuricemia	Yes	Yes	No	No	No	No	No	No
Haemophilia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CompCare Options and Benefits for 2022

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
HIV/AIDS *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone replacement therapy	Yes	Yes	Yes	Yes	Yes	No	No	No
Huntington's disease	Yes	Yes	No	No	No	No	No	No
Hypercholesterolemia/hyperlipidaemia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypertension *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypoparathyroidism	Yes	Yes	Yes	Yes	Yes	No	No	No
Hypothyroidism *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ischaemic heart disease	Yes	Yes	Yes	Yes	Yes	No	No	No
Migraine	Yes	Yes	Yes	No	No	No	No	No
Motor neuron disease	Yes	Yes	No	No	No	No	No	No
Multiple sclerosis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Muscular dystrophy	Yes	Yes	Yes	No	No	No	No	No
Myasthenia gravis	Yes	Yes	Yes	Yes	Yes	No	No	No
Narcolepsy	Yes	No	No	No	No	No	No	No
Obsessive compulsive disorder	Yes	Yes	No	No	No	No	No	No
Osteoarthritis	Yes	No	No	No	No	No	No	No
Osteoporosis	Yes	Yes	No	No	No	No	No	No
Paget's Disease of the Bone	Yes	Yes	Yes	Yes	No	No	No	No
Panic disorder	Yes	Yes	No	No	No	No	No	No

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELFSURE	MUMED	UNISAVE	MEDX	SELFNET
Paraplegia/quadriplegia	Yes	Yes	Yes	No	No	No	No	No
Parkinson's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pemphigus	Yes	Yes	Yes	Yes	No	No	No	No
Peripheral Arteriosclerotic disease	Yes	Yes	No	No	No	No	No	No
Polyarthritis nodosa	Yes	Yes	Yes	No	No	No	No	No
Post-traumatic stress syndrome	Yes	Yes	Yes	No	No	No	No	No
Psoriasis/psoriatic arthritis	Yes	No	No	No	No	No	No	No
Pulmonary interstitial fibrosis	Yes	Yes	Yes	No	No	No	No	No
Rheumatoid arthritis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Schizophrenia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scleroderma (systemic sclerosis)	Yes	Yes	No	No	No	No	No	No
Stroke	Yes	Yes	Yes	Yes	Yes	No	No	No
Systemic lupus erythematosus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thrombocytopenic purpura	Yes	Yes	No	No	No	No	No	No
Ulcerative colitis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unipolar mood disorder/major depression	Yes	Yes	Yes	No	No	No	No	No
Valvular heart disease	Yes	Yes	Yes	No	No	No	No	No
Vertigo	Yes	Yes	Yes	Yes	Yes	No	No	No
Zollinger-Ellison syndrome	Yes	Yes	No	No	No	No	No	No
Total conditions covered	74	65	48	40	37	27	27	27

Exclusions and Limitations

Exclusions

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits (PMBs) as per regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

The following exclusions will apply to a member and any registered dependants, unless the particular exclusion is covered under the statutory PMBs:

1. Unless otherwise provided for or decided by the Board of Trustees, expenses incurred in connection with any of the following will not be paid by the scheme:

1.1 All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the scheme.

1.2 Subject to rule 8.4.1 of the of the scheme rules, a general waiting period of 3 months may be applied to a member and dependants from the date of joining the scheme.

1.3 Subject to rule 8.4.2 of the scheme rules, a condition specific waiting period of not more than 12 months in respect of pre-existing sickness conditions may be applied to a member and dependants from the date of joining the scheme.

1.4 All costs incurred during waiting periods will not be covered.

1.5 Professional fees and expenses incurred by healthcare professionals:
- After hours consultations according to member's choice.
- Appointments not honoured.
- Charges for interest by health care providers.
- Costs incurred for insurance medical purposes.
- Fees for medical reports and motivations by any service provider, unless required by the scheme.
- Discretionary conditions and services with hospital admissions not authorised.

1.6 Costs for services rendered by:

1.6.1 Persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or

1.6.2 Any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.

1.7 Frail Care - accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill.

1.8 Holidays for recuperative purposes, whether deemed medically necessary or not.

1.9 All costs for rehabilitation for any particular sickness or condition, except for PMBs.

1.10 Private nursing fees in respect of both mother and child in postpartum cases.

1.11 Cosmetic procedures (Unless a PMB):
- All costs for cosmetic procedures / treatment / medication, except if as a result of an accident, illness or disease.
- The costs of breast reduction and enlargement operations are excluded, except in the case of a breast reconstruction after a radical mastectomy.
- Abdominal lipectomy.
- Face lift.
- Genioplasty.
- Blepharoplasty.
- Hair removal or implants.
- Periodontal plastic procedures for cosmetic purposes.
- Removal of scars, tattoos by salabrasion, chemosurgery or any such skin abrasion.
- Removal of skin blemishes, port wine stains (vascular birthmark).
- Surgery related to transsexual procedures.
- Otoplasty for bat ears.
- Nasal reconstruction, including septoplasties, osteotomies and nasal tip surgery.
- Sclerotherapy are subject to medical specialist motivation.

1.12 Dental procedures and treatments:
- Dental extractions for non-medical purposes.
- Bleaching of teeth that have not been root canal treated.
- High impact acrylic dentures.
- The cost of the use of gold in dentures.
- Discretionary procedures – elective treatments and surgery for personal reasons and not directly caused and related to illness, accident or disease.

1.13 The treatment of artificial insemination of a person as defined in the Human Tissues Act, 1983 (Act 65 of 1983) except for PMBs.

1.14 In respect of infertility (PMB Code 902M), the following services are excluded:
- Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF).
- Gamete intrafallopian tube transfer (GIFT).
- Zygote intrafallopian transfer (ZIFT).
- Intracytoplasmic sperm injection (ICSI).

1.15 Circumcision, except in phimosis or evidence-based medical indications. Female oral contraceptives will not be covered from the Hospital Benefit, but may be claimed from savings or day-to-day risk benefits where applicable or available. Any other contraceptive devices or measures will not be covered.

1.16 Reversal of vasectomies or tubal ligation (sterilisation). Vasectomies and tubal ligation (sterilisation) are covered from the Hospital Benefits.

1.17 All costs related to the treatment, medication or surgical procedures of obesity, including bariatric surgery, gastric stapling, wring of the jaw for weight loss purposes etc.

1.18 All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.

1.19 The purchase of:
- Patent medicines and proprietary preparations.
- Applicators, toiletries and beauty preparations.
- Bandages, cotton wool and other consumable items.
- Patented foods, including baby foods (Unless a PMB).
- Tonics, slimming preparations and drugs as advertised to the public.
- Household and biochemical remedies.
- Contraceptives, unless specifically provided for in the Medicine Formulary applicable to each respective medical scheme option.
- Vitamins and minerals (Unless a PMB).
- Nutritional supplements and baby foods/milk substitutes.
- Anabolic steroids.
- Sunscreen agents.
- Skin lightening treatments.
- Sun glasses.

1.20 Medication not registered by the Medicine Control Council, unless otherwise specified, e.g. homeopathic medicines which are covered in certain medical scheme options and subject to limits.

1.21 Travelling expenses incurred by members, excluding benefits covered by Emergency Medical Services in the event of an emergency medical condition.

1.22 All costs, which in the opinion of the Medical Advisor are not medically necessary or appropriate to meet the healthcare needs of the patient.

1.23 Medical examinations or inoculations initiated by the employer.

1.24 The utilisation of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the Medical Advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.

Exclusions and Limitations (continued)

1.25 Alternative and / or complementary health services that are not supported by evidence based medicine are excluded:

- Acupuncture.
- Aromatherapy.
- Ayurvedics.
- Chelation therapy.
- Colonic irrigation.
- Iridology.
- Masseurs.
- Osteopathy.
- Phytotherapy.
- Reflexology.
- Traditional medicine.

1.26 Certain conditions relating to educational and / or psychological performance and / or behaviour, except for the PMBs:

- Behavioural problems.
- Concentration / learning / reading problems.
- Co-ordination abnormalities.
- Delayed speech development.
- Dyslexia.
- Sexual disorders.
- Career guidance.
- Marriage counselling.

1.27 Costs incurred for surrogate parenting.

1.28 Products, devices and appliances:

- Gum guards for sport purposes.
- Oral appliances specified for the treatment of headaches.
- APS / Tense Therapy Machines.
- Back rest and / or seats.
- Contact lens solutions.
- Chair seats, excluding wheelchair seats.
- Cushions.
- Disposable nappies.
- Face creams.
- Health shoes.
- Klaasvakie mattresses, mattresses or pillows.
- Linen savers and / or protectors and /or waterproof sheets.
- Prescription and non-prescription sunglasses.
- Protective gear.
- Sheep skins.
- Shoe inserts.
- Shower and bath rails.

1.29 All healthcare costs relating to medical procedures, prostheses or practices that may be new or deemed to be experimental, with insufficient evidence based outcomes are excluded.

2. Limitation Of Benefits

2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.

2.2 Members admitted during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of that particular financial year.

Unless otherwise decided by the Board of Trustees, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

3. Benefits Excluded Insofar As These Are Not Prescribed Under The PMB Benefits

3.1 Medicine and injection material.

3.1.1 The following medicine, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

Any specialised drugs as defined by the managed care company (e.g. biological, tyrosine kinase inhibitors) that have not convincingly demonstrated a median overall survival advantage of more than 3 (three) months in locally advanced or metastatic solid organ malignant tumours, unless deemed cost effective for the specific setting, compared to standard therapy (excluding specialised drugs) as defined in established and generally accepted treatment protocols, for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer.

The scheme reserves the right to decline payment for any new medical technology, or investigational procedures, interventions, new drugs or medicines as applied in clinical medicine, including new indications for existing medicines or technologies unless they have demonstrated:

- Evidence based efficacy in clinical medicine.
- Affordability by the scheme.

3.1.2 Admission to hospital for the purposes of administering treatments which may be provided in a doctor's rooms.

3.1.3 MEDX and MEDX ED Options (hospital plan)

- Admission to hospital for the administration of drugs or medicines, excluding / unrelated to chemotherapy, which may be administered to a patient as an outpatient in the doctor rooms e.g. Aredia® infusions. Aclasta® injections, Avastin® injections etc.

Contributions Effective 1 January 2022 (All Values In Rand Unless Otherwise Specified)

PINNACLE	Principal Member	Adult Dependant	Child Dependant
Risk	6 255	4 869	1 732
Savings	1 563	1 217	433
Total monthly contribution	**7 818**	**6 086**	**2 156**
Annual Benefit Amounts for 2022			
Savings	18 756	14 604	5 196
AFB	4 320	3 360	1 176
Total Day-to-Day	**23 076**	**17 964**	**6 372**
Threshold	26 376	20 244	7 056
SPG	3 300	2 280	684

DYNAMIX	Principal Member	Adult Dependant	Child Dependant
Risk	5 071	3 961	1 414
Savings	823	643	229
Total monthly contribution	**5 894**	**4 604**	**1 643**
Annual Benefit Amounts for 2022			
Savings	9 876	7 716	2 748
AFB	3 276	2 532	900
Total Day-to-Day	**13 152**	**10 248**	**3 648**
Threshold	21 144	16 188	5 724
SPG	7 992	5 940	2 076

SYMMETRY	Principal Member	Adult Dependant	Child Dependant
Risk	4 214	3 286	1 190
Savings	467	364	131
Total monthly contribution	**4 681**	**3 650**	**1 321**
Annual Benefit Amounts for 2022			
Savings	5 604	4 368	1 572
AFB	4 860	3 756	1 320
Total Day-to-Day	**10 464**	**8 124**	**2 892**

SELFSURE	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	3 880	3 880	971
Annual Benefit Amounts for 2022			
Day-to-Day Benefit	6 000	4 200	2 100
Day-to-Day Extender Benefit	R6 000 PB to a maximum of R8 600 PMF		

MUMED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	3 721	2 901	1 046
Annual Benefit Amounts for 2022			
AFB	6 600	4 140	1 680

UNISAVE	Principal Member	Adult Dependant	Child Dependant
Risk	2 154	1 799	646
Savings	716	598	214
Total monthly contribution	**2 870**	**2 397**	**860**
Annual Benefit Amounts for 2022			
Savings	8 592	7 176	2 568

MEDX	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	2 596	2 402	838

SELFNET	Principal Member	Adult Dependant	Child Dependant
Risk	1 476	1 476	522
Savings	323	323	114
Total monthly contribution	**1 799**	**1 799**	**636**
Annual Benefit Amounts for 2022			
Savings	3 876	3 876	1 368

Contributions: Efficiency Discounted Options Effective 1 January 2022 (All Values In Rand Unless Otherwise Specified)

PINNACLE ED	Principal Member	Adult Dependant	Child Dependant
Risk	5 228	4 068	1 456
Savings	1 307	1 017	364
Total monthly contribution	**6 535**	**5 085**	**1 820**
Annual Benefit Amounts for 2022			
Savings	15 684	12 204	4 368
AFB	3 624	2 820	1 008
Total Day-to-Day	**19 308**	**15 024**	**5 376**
Threshold	22 608	17 304	6 060
SPG	3 300	2 280	684

DYNAMIX ED	Principal Member	Adult Dependant	Child Dependant
Risk	4 173	3 256	1 180
Savings	678	529	191
Total monthly contribution	**4 851**	**3 785**	**1 371**
Annual Benefit Amounts for 2022			
Savings	8 136	6 348	2 292
AFB	2 688	2 100	768
Total Day-to-Day	**10 824**	**8 448**	**3 060**
Threshold	18 816	14 388	5 136
SPG	7 992	5 940	2 076

SYMMETRY ED	Principal Member	Adult Dependant	Child Dependant
Risk	3 554	2 766	997
Savings	392	305	110
Total monthly contribution	**3 946**	**3 071**	**1 107**
Annual Benefit Amounts for 2022			
Savings	4 704	3 660	1 320
AFB	3 996	3 096	1 080
Total Day-to-Day	**8 700**	**6 756**	**2 400**

MUMED ED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	3 021	2 351	838
Annual Benefit Amounts for 2022			
Annual Flexi Benefit (AFB)	6 456	4 008	1 608

MEDX ED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	1 899	1 899	594

Managed Care Initiatives

CompCare offers members a number of Managed Care initiatives, which are all designed to ensure that members receive quality healthcare at an affordable cost. These are:

1. **Chronic medication pre-authorisation**
   Members are required to register chronic medication prescriptions with Universal to receive the chronic medication benefit. To register your chronic medication prescription with Universal, you, your doctor or your pharmacist need to contact Universal or send an e-mail. Application forms are no longer required.
2. **Hospital utilisation management**
   Universal Care offers a complete hospital utilisation management service. It is the member's responsibility to ensure that all non-emergency hospital admissions are authorised.

   These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. A penalty will apply for late requests for authorisations.

   Emergency admissions must be authorised on the first working day after admission. There will be a penalty if the member does not obtain authorisation. This service also applies to oncology treatment.
3. **Disease management**
   Universal Care offers a comprehensive disease management service, including HIV/AIDS counselling. This service is designed to empower members to manage their chronic conditions more effectively.

   Members are provided with telephonic counselling, e-mail information, as well as on-line health and wellness information. This information can be communicated to the patient via: the disease management Call Centre, website, e-mail, fax, post and physical handout point.

   All CompCare members and their dependants diagnosed with a chronic condition such as HIV/AIDS, asthma, diabetes, hypertension etc., should register on the Disease Management Programme. By registering, an individual will have access to personalised health and wellness information. Members are also invited to phone the disease management Call Centre should they wish to speak to a nurse counsellor.
4. **Pathology management**
   Universal Care provides a service that ensures that the standard pathology guidelines are followed.
5. **Specialised dentistry management**
   Universal Care offers a pre-authorisation service for all specialised dentistry. Prior to having specialised dentistry the member is required to obtain pre-authorisation.
6. **Trauma expense recovery**
   Universal Care offers a service where medical expenses that are the liability of a third party are recovered for CompCare. In most cases these recoveries refer to road accidents where a third party was involved.
7. **Emergency evacuation**
   Netcare 911 offers an emergency evacuation service that will transport members to the nearest hospital for treatment. Members have access to this benefit in and outside of the borders of South Africa (worldwide).
8. **Medical advice, information and assistance**
   Netcare 911 personnel, including paramedics, nurses and doctors are available 24 hours a day to provide general medical information and advice. This is an advisory service as a telephone conversation does not permit an accurate diagnosis.

   In addition to general medical advice, Netcare medical operators can also guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need.
9. **Fraud detection**
   Fraud is a major problem in South Africa and the healthcare arena is no exception. CompCare has been very successful in containing fraud by making use of a system of member and practitioner profiling and forwarding this information to a private investigation unit.

   CompCare is committed to conducting healthy business practices with honesty and integrity, which ensures the continued and future success of the scheme.

   Fraud presents increasing challenges in our country. Too often, it is undetected and goes unreported, resulting in financial losses for schemes which eventually leads to the detriment of all members. CompCare is no different and have subscribed to a service that will enable all members to report fraud and other crime anonymously.

   This service involves a Fraud Hotline, independently and anonymously managed by an external firm, Vuvuzela Hotline. Confidentiality and anonymity are guaranteed, and therefore, no member reporting suspected fraudulent activity will ever be identified.

   What can be reported?

Toll free number:	080 111 4447
Fax:	086 672 1681
E-mail:	universal@thehotline.co.za
Website:	thehotline.co.za
WebApp:	thehotlineapp.co.za
Callback No (please call me's)	072 595 9139

   How does it work?
   Anyone can report their suspicion(s) through the Vuvuzela Hotline, using the following means of communication:

   - Fraud
   - Corruption
   - Unethical behaviour
   - Misuse of funds
   - Procurement irregularities
   - Bribery
   - Maladministration

   This is a 24/7/365 Fraud Hotline.
   The Vuvuzela Hotline is part of CompCare's commitment to zero tolerance for dishonest and unethical behaviour.

Contact Details

Division	Contact number	Operating hours	E-mail address	Postal address	Website
Ambulance (Netcare 911)	082 911	24 / 7 / 365	customer.service@netcare.co.za	P.O. Box 3455, Halfway House, 1685	netcare911.co.za
Call Centre	0861 222 777	Mon to Fri 7h00 to 19h00, Sat 08h00 to 13h00, Excl. Public Holidays	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Claims Submissions		24 / 7 / 365	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Contributions	0861 222 777	Monday to Friday 08h00 to 17h00	contributions@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Disease management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Escalations	0861 222 777	Mon to Fri 7h00 to 19h00, Excl. Public Holidays	escalations@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
HIV/AIDS management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital account queries	011 208 1100	Monday to Friday 08h00 to 17h00	hospitalaccounts@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital pre-authorisation	0860 111 090	Mon to Fri 07h00 to 17h00, Sat 08h00 to 13h00, Excl. Public Holidays	preauthorisation@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Maternity management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	correspondence@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Medicine management	0861 222 777	Monday to Friday 08h00 to 17h00	chronicmedicine@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Membership	0861 222 777	Monday to Friday 08h00 to 17h00	membership@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Oncology management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	oncology@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Psychosocial Counselling	0800 390 003 (Toll free) or "Please call me" number: *134*952#	24 / 7 / 365		Private Bag X49, Rivonia, 2128	universal.co.za
Trauma expense recovery (MVA)	0861 208 1168	Monday to Friday 07h30 to 16h30	trauma@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Universal 360°	086 155 LIVE (5483)	Monday to Friday 08h00 to 17h00	360@universal.co.za	Private Bag X49, Rivonia, 2128	universal360.co.za

Member Guide

1. Rules of the scheme

The scheme is governed by a set of rules submitted to and approved by the Registrar for Medical schemes. All terms and conditions are set out in detail in the rules of the scheme, which can be viewed at the office of the administrator. The rules of the scheme always apply during a dispute resolution.

2. Membership

Who is eligible for membership?

Membership is open to any individual or company/group, except where the member ceases to be a permanent resident in the Republic of South Africa.

The scheme provides cover for all international students while studying in the Republic of South Africa.

2.1 Who can be registered as dependants?

- **A member's spouse or partner –** a person with whom the member is legally married, or has a two year or longer committed relationship akin to marriage, based on objective criteria of mutual dependency and a shared common household, married in terms of any law or traditional/customary marriage (marriage certificate/ affidavit/suitable other certificate required).
- **Surviving spouse members –** continuation of a surviving spouse of the main member is allowed to continue on the medical aid, provided that they were registered at the time of the main member's death (marriage and death certificate required).
- **A child under the age of 27 –** is not in receipt of a regular remuneration of more than the maximum social pension per month, or a child of any age due to being mentally or physically challenged, is a dependent of the member, or legally adopted child/children placed in your care and custody by virtue of a court order (legal proof required).
- **Full time student –** Proof of registration of current year is required from a secondary or recognised tertiary institution and each year thereafter, in order for the dependant to qualify at child rates, to a maximum of up to 27 years, thereafter Committee approval is required each year.
- **Part time students –** an affidavit is required, stating that the child is unemployed and financially dependent on the principal member. Proof of registration as a student is required from the recognised institution. The dependant will be billed at adult rates.
- **Unemployed child –** (up to a maximum age of 27) who is unemployed and financially dependent on the principal member, (affidavit required).
- **Disabled / mentally challenged –** full medical report required upon application in order to qualify at child dependant rates.

2.2 How are waiting periods applied?

Prospective members are required to disclose all details in full of any sickness or medical condition for which medical advice, diagnosis, care or treatment was recommended and/or received prior to the twelve months period ending on the date of which application is made.

Waiting periods are applied when members join the scheme or are registered as dependants according to the following instances:

- If you have never been a member/dependant or not covered on a medical scheme for a period of more than 90 days immediately before applying to the scheme, the scheme may impose a general waiting period of three months and twelve months condition specific waiting on any /all pre-existing medical conditions. This will also be applicable to Prescribed Minimum Benefits.

- If you have been on a medical scheme for a period of less than 24 months and you apply for membership within the three months of termination from the previous medical scheme, a condition specific waiting period for twelve months will apply. If the beneficiary suffers from any pre-existing condition, the scheme may impose any unexpired balances by the previous scheme. The beneficiary will be entitled to the Prescribed Minimum Benefits.

- If you have been on a medical scheme for a period of more than 24 months and apply for membership within the three-month period from termination from the previous medical scheme, the general waiting period of three months will apply. You will be entitled to the Prescribed Minimum Benefits.

When does the benefit year start?

The scheme's benefits year begins as at 1 January and ends as at 31 December of that year. This means that if you join the scheme on 1 January you are entitled to the full allocation of the year's benefits and limits. However, if you join the scheme during the benefit year, you are only entitled to pro-rated benefits and limits, meaning that you are only entitled to a time-appropriate proportion of the benefits and limits.

Please note: You have the opportunity to review and change your choice of plan, three months prior to the beginning of each benefit year. Once you have selected a plan for the benefit year, you cannot change your plan during that benefit year.

2.3 Proof of membership
Every member shall be furnished with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or should be admitted to a hospital. You therefore need to ensure that your card is kept secure at all times in order to prove membership.

2.4 How do I go about changing my details?
Complete a Member Update Information form, available from our offices on 0861 222 777, or obtainable from our website (**compcare.co.za**). A member must notify the scheme within 30 days of any change of address, including the domicilium citandi et executandi (address at which legal proceedings maybe instituted).

The scheme shall not be held liable if a member's rights are prejudices or forfeited as a result of the member neglecting to comply with the requirements of this rule.

2.5 Late joiner penalties
Late joiner penalties are applicable to an applicant or adult dependant of an applicant, who at the date of application for membership or admission as a dependant is older than the age of 35 years, depending on the number of years that they have not belonged to a registered South African medical scheme. This excludes beneficiaries who enjoyed coverage with one or more medical schemes as from the date proceeding, 1 April 2001, without a break in coverage exceeding three consecutive months since the 1 April 2001. Penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not exceed the following bands:

Penalty bands	Maximum penalty
1 - 4 years	0.05 x contribution
5 - 14 years	0.25 x contribution
15 - 24 years	0.50 x contribution
25 + years	0.75 x contribution

The penalty is calculated as per the following formulas:
A = B minus (35+ C)
Where in terms of the Medical Schemes Act No 131 of 1998:
A = *number of years referred to in the first column of the table in subregulation (2), for purposes of determining the appropriate penalty band;*
B = *age of the late joiner at the time of his or her application for membership or admission as a dependant;*
C = *the number of years of creditable coverage which can be demonstrated by the late joiner.*

2.6 Complaints and disputes:
Members may lodge their complaints telephonically, or in writing, to the scheme. The scheme's dedicated telephone number for dealing with telephonic complaints is **0861 222 777**.

Call Centre agents will assist the member immediately if possible. All unresolved telephonic complaints or complaints received in writing will be responded to by the scheme in writing within 30 days of receipt thereof. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such member and the scheme or an officer of the scheme, must be referred by the principal officer to a disputes committee (appointed by the Board of Trustees) for adjudication.

On receipt of a request in terms of this rule, the principal officer must convene a meeting of the disputes committee by giving not less than 21 days notice in writing to the complainant and all the members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

The disputes committee may determine the procedure to be followed. The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative.

An aggrieved person has the right to appeal to the Council for Medical Schemes against the decision of the disputes committee. Such appeal must be in the form of an affidavit and directed to Council and shall be furnished to the Registrar not later than three months after the date on which the decision concerned was made. See back cover page for contact details.

3. Contributions payable

The total monthly contributions payable to the scheme by or in respect of a member are as stipulated in the contribution tables in the scheme rules. It shall be the responsibility of the member to notify the scheme of changes in income that may necessitate a change in contribution. Contributions shall be due monthly in arrears or advance, as stipulated in the rules and payable by not later than the third day of each month.

Where contributions or any other debt owing to the scheme have not been paid within three days of the due date, the scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default. In the event that payments are brought up to date, and provided membership has not been cancelled, benefits shall be reinstated without any break in continuity subject to the right of the scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest on the arrear amount at the prime overdraft rate of the scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and any such benefit paid will be recovered by the scheme.

3.1 Savings

Your total annual savings contributions are advanced at the beginning of the benefit year (Jan to Dec) for the full calendar year (Jan to Dec). Termination of membership during the benefit year will result in savings being pro-rated. This pro-ration could result in savings contributions being owed to the scheme. Should you terminate your membership with the scheme, the savings balance is payable to the member or transferable to the new medical aid in the 6th month after resignation from the scheme.

3.2 Termination of membership

3.2.1 Resignation

A member who, in terms of his/her conditions of employment is required to be a member of the scheme, may not terminate his/her membership while he/she remains an employee without the prior written consent of his/her employer. A member of the scheme who resigns from the service of his/ her employer shall, on the date of such termination, be eligible to continue as an individual member without re-applying or the imposition of any new restrictions that did not exist at the time of his/her resignation.

3.2.2 Voluntary termination of membership

A member, who is not required in terms of his/her conditions of employment to be a member, may terminate his/her membership of the scheme by giving three months written notice. All rights to benefits cease after the last day of membership.

3.2.3 Deceased members

The dependants of a deceased member, who are registered with the scheme as his/her dependants at the time of such member's death, shall be entitled to continued membership of the scheme without any new restrictions, limitations or waiting periods. Where a child dependant/s has been orphaned, the eldest child may be deemed to be the member, and any younger siblings, the child dependant/s.

4. Members' portions

Members' portions arise when health care service providers are refunded in full by the scheme, but the member still has to cover the cost of a co-payment applicable to the particular benefit or where levies are imposed. Members can refund the scheme by cheque/electronic payment, payroll deduction (if part of an employer group) or make use of the convenience of a debit order.

5. Benefits

5.1 Choosing a benefit option

Members are entitled to benefits during a financial year, as per the rules of the scheme and such benefits extend through the member to his/her registered dependants. A member must, on admission, elect to participate in any one of the available options, detailed in the rules of the scheme.

If you are a member of an employer group, your choice may be limited to the options agreed on between you and your employer. If you join as an individual, you may choose any of the various options according to your needs and affordability.

5.2 Option changes

A member is entitled to change from one to another benefit option subject to the following conditions:
The change may be made only with effect from 1 January of any calendar year.
Application to change from one benefit option to another must be in writing and lodged with the scheme within the period notified by the scheme.

5.3 Pro-rated benefits

If members join the scheme later than 1 January during a specific year, pro rata annual benefits will apply until the end of the year. From 1 January the following year members will qualify for the full annual benefit.

6. How do I submit a claim?

Members are not required to complete a claim form. Simply sign all accounts and invoices and submit them directly to the scheme.

6.1 Electronic claims

Most service providers have the facility to submit claims electronically. These claims are then paid directly to the service provider, subject to the available limit, ensuring a very short processing turn-around-time. However it is the member's responsibility to ensure that the claim/s reaches the medical aid within the four month time period from date of treatment and to check remittances for accuracy and validity of the claims submitted by the service providers.

6.2 Email/scan

To ensure that claims are promptly processed, please ensure that your name, membership number and contact number/s are on the claims and must be legible. Claims must be submitted within the four-month period from date of treatment.

Email: **compcare@universal.co.za**

Post: Universal Healthcare Administrators (Pty) Ltd
Private Bag X49
Rivonia, 2128

6.3 How does the claims process work?

Claims are settled on a weekly basis for payment to the service providers or members. Members will receive a monthly detailed statement of claim's transactions and of all payments made to the member and/or service providers. Kindly ensure that the scheme has your correct banking details to allow for electronic payment. It is ultimately the member's responsibility to ensure that claims are submitted timeously for payment.

Specialist referral process

A referral from a GP is required before seeking treatment form a specialist, failing which 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 the visit 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:

- The referral letter from the member's GP on the practice letterhead.
- The medical aid number.
- The name of dependent.
- The member's correct contact numbers.
- The intended date of specialist consultation.
- The 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 does not to go back to their GP for another referral letter in this instance.

A GP referral is not required in the following cases:

- **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).
- Where multiple specialist visits have been authorised.

6.4 Over-the-Counter-Medicines (OTC)

This medicine is dispensed by a registered pharmacist, who may prescribe medication for minor ailments that do not require a general practitioner consultation and will alleviate a consultation fee that your GP will normally invoice you. Please consult your benefit guide for the OTC rules and limits, and if applicable on your option. This benefit will include any homeopathic medication.

At CompCare we believe in giving you more.

Complete Cover. Committed Care. CompCare.

CompCare
Medical Scheme

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.

Powered by Universal™

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