

CompCare

Medical Scheme

Comprehensive
Benefit Package

From only _____

R7 578 Per Month



Dynamix Option

i 2024 Information and
Benefit Guide

Administered by



Universal™

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

**we
care
more.**

compcare.co.za



Our Speciality Healthcare Bundles

we care more.

CompCare is a distinguished name among South Africa's leading medical schemes. We have a robust legacy of over 45 years, built on the ethos of caring more.

We offer a diverse range of plans and speciality benefits. These align with the lifestyles, needs, and budgets of our members and their employees. Plus, our efficiency discounted options enable our members to save up to 25% on their contributions. They simply need to buy chronic medication from Dis-Chem and use Netcare hospitals for elective procedures.

For us, caring more means a personalised, high-quality service experience with a focus on holistic wellness. This is the cornerstone of our Speciality Healthcare Bundles.



CompCare Kids*

CompCare takes special care of the little ones with our unique range of speciality health benefits. These are all paid from risk and will not deplete your day-to-day benefits.

- A newborn hearing screening benefit.
- A newborn congenital hypothyroidism test.
- Baby wellness visits, childhood immunisations, school readiness assessments, **pre-school eye and hearing screening, a dental screening**, and one additional emergency room visit limited to **R1 550 per event** for children younger than 6 years.
- Three additional **paediatric consultations**.
- **Access to Paed IQ**, a telephonic advisory service that's available 24/7 for any health-related child-care issues.
- **Unlimited GP consultations and basic dentistry** for children younger than 6 years.
- **Initial occupational therapy** consultation.
- **Kid's fitness assessment and exercise prescription** programme.
- **Kid's nutritional assessment and healthy eating** programme.

*Scheme Protocols Apply

CompCare

Women*

At CompCare, we're dedicated to the holistic health and wellness of women. Whether navigating the challenges of a professional career or managing the demands of a growing family, our range of benefits caters to their diverse needs.



Maternity Benefits:

- **Antenatal classes:** Subject to PMSA and AFB. Limited to 12 antenatal classes and **R1 650** per pregnancy, including a lactation consultation with a midwife.
- **Antenatal visits:** Paid from risk. Limited to 12 antenatal visits with a GP, midwife or specialist.
- **Maternity bag** issued when registered on the maternity programme.
- **Confinements:** Paid from risk. Includes 2 x 2D ultrasound pregnancy scans. Members can opt for a 3D scan which will be paid at the rate of a 2D scan.
- **One breast pump** per pregnancy limited to **R3 150**, subject to available PMSA and AFB.
- **One additional nutritional and fitness assessment** per pregnancy (refer to the Active LifeStyle Programmes) – paid from risk.

Additional Benefits:

- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.
- **Contraceptives** limited to **R3 360 PB** for oral contraceptives or IUD device, for female beneficiaries up to 55 years – paid from risk. (RP applies).
- **HPV (Cervical Cancer) vaccine:** Paid from risk. One course (3 doses per registered schedule) per female beneficiary between ages 12 and 18 years.
- **Pap smear:** One per female beneficiary over the age of 18 per annum – paid from risk.
- **Mammogram:** One per female beneficiary over the age of 35 every second year – paid from risk.



Men*

We're tuned into the varied health and wellness needs of men. From young professionals leading dynamic active lives, to family men and seasoned executives, our speciality benefits enhance well-being at every relevant touchpoint.

- **Prostate-specific antigen (PSA) blood test:** Paid from risk, one test per male beneficiary over the age of 40 per annum.
- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.



CompCare

Emotional Wellness*

We recognise the profound impact of emotional well-being on overall health and ensure that our members receive comprehensive support and access to emotional wellness benefits.

- **Psychiatric treatment in hospital:** Subject to pre-authorisation and protocols – paid from risk.
- **Psychology: non-psychiatric admissions:** Limited to **R4 290 PMF** – paid from risk.
- **Alcoholism, drug dependence and narcotics:** Unlimited for Prescribed Minimum Benefits. Subject to pre-authorisation and PMB protocols.
- **Psychiatry:** Subject to PMSA and AFB, limited to **R12 500 PMF**.
- **Clinical psychologists:** Subject to PMSA and AFB up to a sub-limit of **R3 000 PMF**.
- **Psychosocial counselling benefit:** Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to 3 face-to-face sessions with qualified psychologists, social workers or registered counsellors.

Our Speciality Healthcare Bundles

CompCare

Preventative Care Benefits*

Prioritising the power of prevention over cure, we offer our members an extensive range of preventative care benefits that promote a proactive approach to maintaining good health, all paid from risk.

- **GP wellness consultation:** One per beneficiary per year, excludes procedures. Benefit for tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference – One measurement per beneficiary over the age of 18 years, limited to **R275 per event**. At a DSP pharmacy.
- **Rapid HIV tests.**
- **Flu vaccine:** One per beneficiary.
- **Tetanus vaccine:** One vaccination when required.
- **Glaucoma test:** One per beneficiary.
- **Colorectal cancer screening:** One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.
- **Lipogram:** One fasting lipogram per beneficiary over the age of 20 years. Once every 5 years.



CompCare Travel Cover*

Travel is about creating memories, not worries. We've developed benefits (paid from risk) that let you focus on your adventure, knowing we've got you covered for the unexpected.

- **Preventative** malaria medication when required.
- **Travel vaccinations** up to a limit of **R600 PB** when required for travel purposes. Benefit for the following conditions: Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal Disease.
- **International Travel cover** for emergency medical costs of up to R5 million per person on each journey while travelling outside of South Africa. This cover is for a period of 90 days from departure from South Africa. Pre-existing conditions are excluded (via Universal 360°).



CompCare Professional and Adventure Sports Cover*

For those who enjoy pushing life's boundaries with adventure and professional sports, we've designed a set of benefits to ensure you're covered against unexpected injuries.

- **Specified sports supplements:** Subject to PMSA and the over-the-counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).
- **Wearable fitness and health monitoring devices:** Subject to PMSA and **R3 570** (provided there is a valid NAPPI code).
- **Emergency search and rescue:** Paid from risk.
- **Access to all Active Lifestyle Programmes:** Paid from risk.
- **Cover for injuries resulting from professional and adventure sports.**



CompCare Active Lifestyle Programmes*

We help our members reach their fitness and well-being goals with our exercise prescription, nutritional assessment, and healthy eating plan benefits. CompCare supports your commitment to a healthy lifestyle by paying for these benefits from risk.

- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for an annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- **Nutritional assessment and healthy eating plan:** Access to the Universal Network of dietitians for an annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring.

Our Speciality Healthcare Bundles



Understanding your Option

You're an experienced professional with kids in high school or varsity. What you want is a comprehensive medical scheme with a savings plan.

Let's get started on explaining some of the basics of your cover: You pay your contribution, and based on that, we pay your claims. Claims are incurred when you visit a doctor/dentist/optometrist/specialist or any other registered healthcare provider or if you are hospitalised.

Claims are divided into two categories, namely routine or day-to-day, out-of-hospital claims and in-hospital (otherwise known as major medical risk) expenses. Your day-to-day claims are initially paid from your savings (PMSA) and thereafter your Annual Flexi Benefit (AFB). You have a set amount of savings per year that you can use for day-to-day claims. If you don't use all your savings in one year, the balance will carry forward to the following year and remain available to you.

This option also provides extended cover. This is referred to as the Above Threshold Benefit (ATB). Should you run out of your savings and Annual Flexi Benefit (AFB), you will have to pay for some healthcare expenses from your pocket.

This is referred to as the Self-Payment Gap (SPG). While you are in your SPG, you must still submit all your claims to us so that we know when to start paying from the Above Threshold Benefit (ATB). Your accumulated claims submitted need to reach a specific rand value level before the extended Above Threshold Benefit (ATB) will start to cover your claims. Limits and sub-limits apply to the Above Threshold Benefit (ATB).

*Scheme Protocols Apply



1. Hospital Benefits*

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

Hospitalisation

Specified elective procedures may have a co-payment (excluding PMBs). Please refer to our website (compcare.co.za) for a list of co-payments and exclusions.

Hospital Related Accounts

GP visits, specialists, radiology, surgical procedures and blood transfusions.

Specialists paid at 100% of the Scheme rate.

Medicine in Hospital

Medicine Upon Discharge (TT0)

7 days' supply.

Organ Transplants

Unlimited for Prescribed Minimum Benefits. Subject to pre-authorization and PMB protocols

Pathology

Unlimited.

Basic Radiology

Unlimited.

Radial Keratotomy and Excimer Laser

Limited to **R8 000 per eye** inclusive of hospitalisation and related costs.

Hospital Pre-Authorisation Process

It's the member's responsibility to make sure that all non-emergency hospital admissions are authorised by either requesting pre-authorization via the MobiApp, phoning **0860 111 090** or by sending an email to preauthorisation@universal.co.za. These must be authorised at least 48 hours prior to admission.

The hospital utilisation management team will need the following details: name of the patient being admitted, medical aid number, hospital name, date of admission, name and practice number of admitting practitioner, ICD 10 and procedural codes. A penalty will apply for late requests for authorisations.

Emergency admissions must be authorised on the first working day after admission. A penalty will apply should the member not obtain authorisation. This also applies to oncology treatment.

Auxiliary Services in Hospital

Physiotherapy, biokinetics, dietitian, etc. Collective limit of **R8 800 PMF** in and out of hospital.

A separate pre-authorization is required for in-hospital auxiliary services.

Email casemanagement@universal.co.za for pre-authorization.

Surgical Prosthesis

Overall limit of **R47 000 PMF**.

Sub-limits apply.

Contact our pre-authorization department to find out about our special arrangements for hip and knee replacements.

Surgical Procedures Out-of-Hospital

Subject to pre-authorization and Scheme protocols.

Specialised Radiology

MRI, CT, High resolution CT and PET scans. Unlimited, subject to pre-authorization. **First R2 500 payable from PMSA** with accumulation to the threshold, except for PMBs.

Pre-authorization required for all MRI and CT Scans. High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorization.

No benefit for unauthorised scans, except for PMBs.

No benefit for screening purposes.

For auxiliary services in hospital (i.e. physiotherapy, dietician, etc.) a separate pre-authorization is required. The claim will not be paid under the hospital pre-authorization number.

"100% of the Scheme Rate"

SCHEME RATE refers to the maximum amounts that a medical Scheme will pay for specific treatments and procedures.

100% OF SCHEME RATE means the Scheme will pay 100% of what is specified in the Scheme rules.

Please note that some providers might charge more than what the Scheme will pay for and the member is liable for that shortfall.

*Scheme Protocols Apply

Surgical Procedures (Non-PMB)

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

Nasal or sinus endoscopy	R3 150
Functional nasal surgery and septoplasty	R3 150
Hysteroscopy	R3 150
Flexible sigmoidoscopy	R3 150
Arthroscopy	R3 150
Minor gynaecological laparoscopic procedure	R3 150
Dental	R3 150
Excision lesion - benign and malignant	R3 150
Joint replacements - arthroplasty	R3 150
Conservative back and neck treatment - spinal cord injections	R3 150
Laminectomy and spinal fusion	R3 150
Nissen fundoplication - reflux surgery	R3 150
Hysterectomy, except for cancer	R3 150
Laparoscopic hemi colectomy	R3 150
Laparoscopic inguinal hernia repair	R3 150
Laparoscopic appendectomy	R3 150
Gastroscopy	R3 150
Colonoscopy	R3 150
Cystoscopy	R3 150

Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App** for CompCare members for pre-authorization.

For hospital account queries, email: hospitalaccounts@universal.co.za



2. Day-to-Day Benefits*

These Benefits are Subject to Your Savings (PMSA), AFB, SPG and ATB*

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

Consultations, Procedures and Materials

GPs and Specialists

Subject to PMSA, AFB and SPG.

GP: Unlimited after threshold.

Unlimited GP visits per child younger than 6 years funded from risk.

Specialist: Paid at 100% of the Scheme Rate.

An ATB limit of R5 000 PMF applies, subject to the overall above threshold limit.

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, gynaecologist, dermatologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years, or where multiple visits to a specialist have been authorised by the Scheme.

Non-referral will attract a 30% co-payment. Please remember to obtain pre-authorization for any procedures.

Medicine

Subject to PMSA, AFB and SPG.

Acute medication

Prescription medication – Schedule 3 and higher.

An ATB limit of R3 350 PMF applies, subject to the overall above threshold limit.

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

Over-the-counter medication (OTC), including homeopathic medicine and sport supplements with a NAPPI code.

No sub-limit in savings. Limited to R1 050 PB and R1 500 PMF in AFB to a maximum of R240 per event.

Does not accumulate to threshold.

Auxiliary Services

Subject to PMSA, AFB and SPG.

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

Collective sub-limit of R8 800 PMF in and out of hospital.

Surgical and Medical Appliances

Subject to PMSA and AFB

Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators.

Pre-authorization required and sub-limits apply.

Optometry

Subject to PMSA and AFB

100% of SAOA rate.

Eye test

2 Visits PB per year.

Lenses, contact lenses or disposable lenses

Sub-limit of R4 600 PB.

Frames

1 Frame PB per year sub-limit of R2 000 included in lenses limit. Annual benefit for glasses and contact lenses subject to available benefit.

Radial Keratotomy and Excimer Laser

Limited to R8 000 per eye inclusive of hospitalisation and related costs.

Pathology

Subject to PMSA, AFB and SPG.

An ATB limit of R4 000 PMF applies, subject to the overall above threshold limit.

(Combined ATB limit with basic radiology).

Radiology

Basic radiology

Subject to PMSA, AFB and SPG.

Including black and white X-rays and Ultrasound.

An ATB limit of R4 000 PMF applies, subject to the overall above threshold limit (Combined ATB limit with pathology). Contact 0860 111 090 or email

preauthorisation@universal.co.za

Dentistry

Basic dentistry

Subject to PMSA, AFB and SPG.

Unlimited after threshold.

Unlimited basic dentistry per child under the age of 6 years funded from risk.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays. Subject to a sub-limit of R14 850 PB and R20 000 PMF.

Subject to protocols.

A quotation must be submitted for approval prior to the commencement of treatment. No benefit for orthodontic treatment for patients older than 18 years.

Email address for dental authorisation:

dental@universal.co.za

REMEMBER!

- 1 Always obtain pre-authorization
- 2 Sign any documentation you submit
- 3 Take note of the appropriate contact details



Specialist Pre-authorization email
specauth@universal.co.za

General hospital Pre-authorization email:
preauthorisation@universal.co.za

Specialist Referral Process

A referral from a GP is required before seeking treatment from a specialist, failing which said specialist consultation will attract a 30% co-payment on the visit as well as related services. Members are required to notify the Scheme of a specialist visit prior to booking the consultation by requesting a "Spec Auth". This can be done by contacting the Call Centre or by sending an email to specauth@universal.co.za.

The following information is required:

- Referral letter from the member's GP on the practice letterhead.
- Member medical aid number.
- Name of dependent.
- Member's correct contact numbers.
- Intended date of specialist consultation.
- Specialist's name, practice number and contact details.

Should a specialist refer the member to another specialist, the referral letter from the specialist referring to the other specialist needs to be provided (the visit to the first specialist should have been authorised). The member is not required to go back to their GP for another referral letter in this instance.

A GP referral is not required in the following instances:

- One gynaecologist visit per female, over the age of 16, per year.
- One urologist visit per male, over the age of 40, per year.
- Paediatrician consultations for children under the age of 2.
- Specialist visits during pregnancy.
- Oncologist's consultations, as this will be approved as part of an Oncology Management Programme.
- Optical and dental specialist consultation (ophthalmologists and orthodontists).
- Visits to a dermatologist. Remember to obtain pre-authorization for any procedures.
- Where multiple specialist visits have been authorised.

*Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 200 PB and R16 380 PMF.

*Scheme Protocols Apply

3. Chronic Medication Benefits*

Chronic Medication*

65 Chronic conditions are covered.

27 of the 65 chronic conditions include conditions from the Chronic Disease List (CDL).

38 of the conditions are referred to as non-CDL conditions.

27 CDL chronic conditions – unlimited benefit with no co-payments or levy if the medicine is listed on the Scheme’s formulary and the price of the medicine is equal to or less than the reference price of the product.

38 non-CDL medicines are subject to available savings, AFB and SPG for registered conditions first and limited to **R10 000 PB** and **R17 850 PMF**. Thereafter you have access to the Above Threshold Benefit limited to **R3 500 PMF**.

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

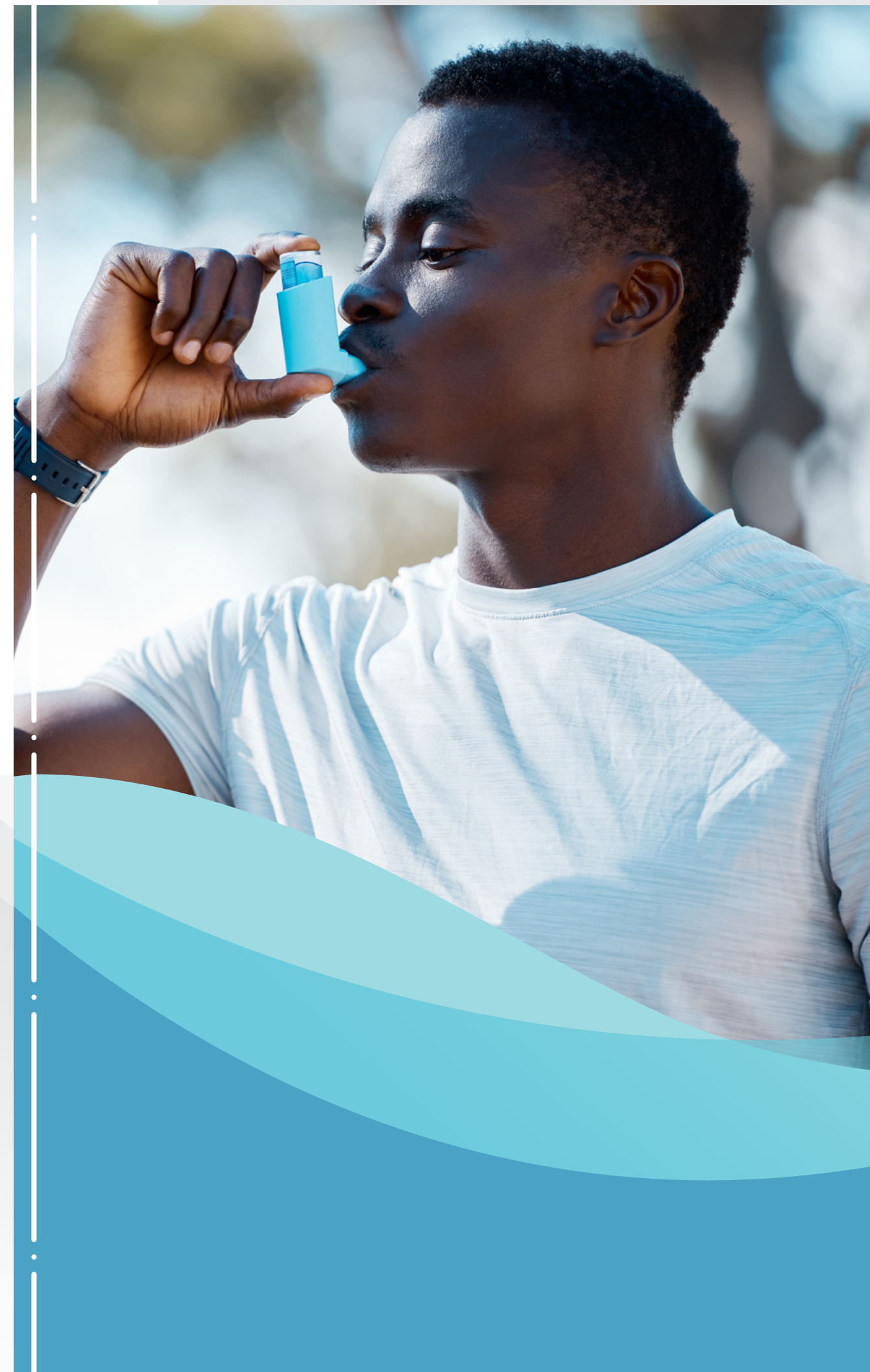
Chronic Condition and Medicine Registration Process

In order to receive the chronic medication benefit, members must register their chronic medicine prescriptions with Universal Healthcare – administrator of the Scheme. To register your chronic medicine prescription with Universal, either you, your doctor or your pharmacist will be required to contact Universal telephonically on **0861 222 777** or send an email to **chronicmedicine@universal.co.za**. The completion of chronic medication application forms are no longer required.

***Scheme Protocols Apply**

65 Conditions Covered:

Addison’s disease*	Emphysema	Paget’s Disease of the Bone
Allergic rhinitis	Epilepsy*	Panic disorder
Angina	Generalised anxiety disorder	Paraplegia/quadriplegia
Ankylosing spondylitis	Glaucoma*	Parkinson’s disease*
Anorexia nervosa	Gastro-oesophageal reflux disease	Pemphigus
Asthma*	Gout/hyperuricemia	Peripheral arteriosclerotic disease
Attention deficit disorder	Haemophilia*	Polyarthritis nodosa
Bechet’s disease	HIV/AIDS*	Post-traumatic stress syndrome
Bipolar mood disorder*	Hormone replacement therapy	Pulmonary interstitial fibrosis
Bronchiectasis*	Huntington’s disease	Rheumatoid arthritis
Cardiac arrhythmias*	Hypercholesterolemia/hyperlipidaemia*	Schizophrenia*
Cardiomyopathy*	Hypertension*	Scleroderma (systemic sclerosis)
Chronic renal failure*	Hypoparathyroidism	Stroke
Congestive cardiac failure*	Hypothyroidism*	Systemic lupus erythematosus*
Chronic obstructive pulmonary disease*	Ischaemic heart disease	Thrombocytopenic purpura
Chronic bronchitis	Migraine	Ulcerative colitis*
Connective tissue disorders (mixed)	Motor neuron disease	Unipolar mood disorder/major depression
Coronary artery disease*	Multiple sclerosis*	Valvular heart disease
Crohn’s disease*	Muscular dystrophy	Vertigo
Cushing’s syndrome	Myasthenia gravis	Zollinger-Ellison syndrome
Cystic fibrosis	Obsessive compulsive disorder	
Diabetes insipidus*	Osteoporosis	
Diabetes mellitus type 1 and 2*		





Emergency Care

What to do in the event of an emergency: Call the emergency medical services provider, **Netcare 911** on **082 911**.

Please note: To avoid a 25% co-payment, authorisation needs to be obtained at the time of the emergency, or within 24 hours thereafter.

**Emergency Medical Transport Services:
Netcare 911 - 082 911**

4. PMBs and Other Benefits Paid from Risk*

Benefits Paid by the Scheme (Unless Otherwise Indicated)

Prescribed Minimum Benefits (PMBs)*

All PMBs are defined in the Medical Schemes Act No 131 of 1998.

Organ transplants, renal dialysis and plasmapheresis are unlimited for PMBs subject to pre-authorisation and PMB protocols.

COVID-19 Benefits

Members who have tested positive for COVID-19 will have access to the following benefits in addition to the Prescribed Minimum Benefits:

- Pulse Oximeter (**R850 PMF**)
- Nebulizer (**R550 PMF**)
- Thermal Thermometer (**R450 PMF**)

Pre-authorisation and managed care protocols apply.

Please See Emergency Events Below*:

- Emergency roadside assistance and ambulance transportation through Netcare 911.
- **Hospital emergency room/casualty emergency** visits resulting in a hospital admission will be paid from the in-hospital benefit.
- **Hospital emergency room/casualty emergency** visits as a result of physical injury caused by an external force will be paid in full.
- **Hospital emergency room/casualty emergency** visits not requiring admission will be paid from your **savings and AFB**.
- **Emergency search and rescue.**
- **Child emergency benefit:** Once PMSA and AFB is depleted, members have access to one additional visit and an emergency room per child younger than 6 years. Limited to **R1 550** per event.

Oncology and Speciality Care*

- Unlimited **oncology** including chemotherapy and radiotherapy at the Scheme's oncology DSP.
- **Biological agents and specialised medication** – limited to **R250 000 PMF** (25% co-payment on non-PMB medicine).

Contact **0860 111 090** or email oncology@universal.co.za for pre-authorisation and any oncology related queries (not account related).

- **Wound care** in lieu of hospitalisation. Unlimited, subject to pre-authorisation and clinical protocols.
- **Oxygen home ventilation.**
- **Home nursing visits** limited to 40 days PMF. Subject to PMSA and AFB.
- **Step-down nursing facilities, hospice rehabilitation and home based care in lieu of hospitalisation.** Unlimited subject to pre-authorisation and clinical protocols.

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

*Scheme Protocols Apply

5. Contributions

Effective from 1 January 2024

Monthly	Principal Member	Adult Dependand	Child Dependand*
Risk	R6 518	R5 092	R1 818
Savings	R1 060	R828	R295
Total	R7 578	R5 920	R2 113
Annual Benefit Amounts for 2024			
Savings	R12 720	R9 936	R3 540
AFB	R3 624	R2 808	R1 008
Total Day-to-Day	R16 344	R12 744	R4 548
Threshold	R26 569	R20 379	R7 428
SPG	R10 225	R7 635	R2 880

*A **child dependand** is a dependand who is under the age of 21 years or a full time student up to the age of 27 years. An **adult dependand** is a dependand who is 21 years or older. These rates are only applicable to the main member and a maximum of three child dependands

Glossary

A Adult Dependand	PMB Prescribed Minimum Benefits
AFB Annual Flexi Benefit	PMF Per Member Family
AT Agreed Tariff	PMSA Personal Medical Savings Account
ATB Above Threshold Benefit	PP Preferred Provider
C Child Dependand	RP Reference Pricing
CDL Chronic Disease List	SAOA South African Optometric Association
DSP Designated Service Provider	SPG Self Payment Gap
MMAP Maximum Medical Aid Price	TL Threshold Level
OTC Over-the-Counter Medicine	TTO To Take Out (Medicine taken on discharge from hospital)
P Principal Member	
PB Per Beneficiary	



Like what you see?

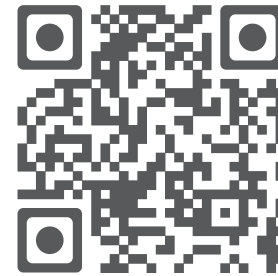


6. Contact Us

Everything you Need, at the Touch of a Button

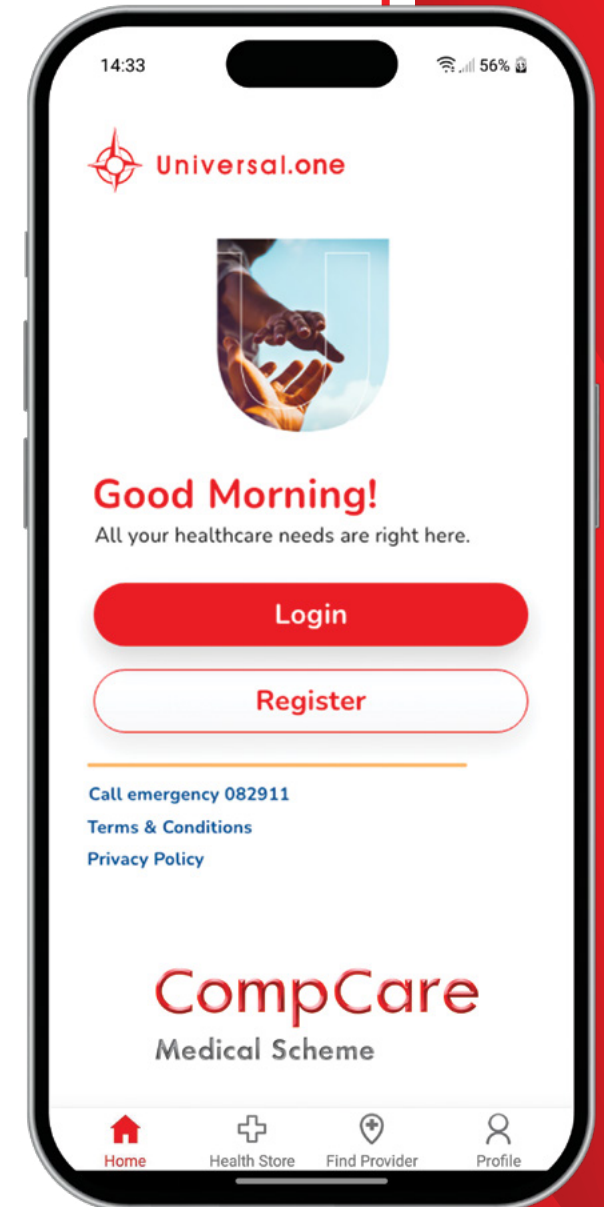
Our member App is your mobile gateway to information, allowing you to edit your personal details and view your option, benefits and claims anywhere, anytime. Check anything from claims to benefits and where your closest doctor is.

Simply download the Universal.one App from the Apple and Google Play Store and follow the prompts on your smart device to install, continue and register.



DOWNLOAD NOW

uConsult™ is a revolutionary online consultation platform that's accessible to any patient and healthcare provider with a smart device and internet connection. You can visit your healthcare provider on uConsult™ via the member app or by visiting u-consult.co.za.



Pre-authorisation

- Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App for CompCare members** for pre-authorisation.
- For hospital account queries, email hospitalaccounts@universal.co.za
- For specialist pre-authorisation, email specauth@universal.co.za
- For general hospital pre-authorisation, email preauthorisation@universal.co.za

Emergency Medical Transport Services:
Netcare 911 - 082 911

Contact Details

CompCare Medical Scheme:
Universal Place, 15 Tambach Road,
Sunninghill Park, Sandton
PO Box 1411, Rivonia, 2128
Tel: 0861 222 777
Email: compcare@universal.co.za
Web: compcare.co.za

Complaints escalated to the Council for Medical Schemes:
Tel: 0861 123 267
Email: complaints@medicalschemes.com
Web: medicalschemes.com

Dynamix



Administered by  **Universal**™

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2024 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.