

# CompCare

Medical Scheme

Flexible Savings Plan

From only \_\_\_\_\_

**R2 291** Per Month



SelfNet 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](http://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 and dental screening.**
- 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

## 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. Limited to 12 antenatal classes 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.
- **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.



## 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:** Subject to PMSA.
- **Alcoholism, drug dependence and narcotics:** Unlimited for Prescribed Minimum Benefits. Subject to pre-authorisation and PMB protocols.
- **Psychiatry:** Subject to PMSA.
- **Clinical psychologists:** 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 3 face-to-face sessions with qualified psychologists, social workers or registered counsellors.

# Our Speciality Healthcare Bundles



## 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.



## 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.



# Our Speciality Healthcare Bundles



## 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 below the age of 81, 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.

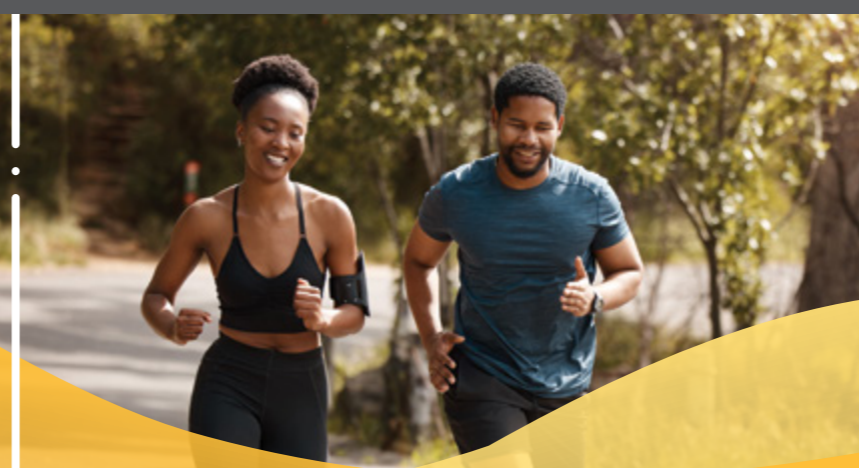
- **Specified sports supplements:** Subject to PMSA and the over-the-counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).
- **Wearable fitness and health monitoring devices:** Subject to PMSA and **R3 570** (provided there is a valid NAPPI code).
- **Emergency search and rescue:** 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.



# Understanding your Option

You're all about seizing the moment and living life to the fullest. You want healthcare cover you can rely on, but you also want freedom of choice when it comes to your day-to-day spending and medical savings.

Understanding your healthcare cover benefits can sometimes feel like you are trying to get to grips with a foreign language.

Don't worry – we are here to help demystify some key terms and concepts. First off: you pay monthly contributions, which you pay every month much like you do an insurance premium, and we pay your claims based on the benefits as per your chosen option.

Claims arise when you need to consult a registered healthcare provider such as a doctor, dentist, optometrist or specialist. You also claim for hospitalisation.

Claims fall into two categories – either routine, day-to-day out-of-hospital claims or in-hospital, classified as major medical risk expenses.

Your day-to-day claims are paid by the Scheme from your annual medical savings, also known as your Personal Medical Savings Account (PMSA).

In-hospital claims are paid from the Scheme's risk pool – in other words the Scheme funds are kept aside for such claims, that do not affect your PMSA.

Hospital expenses are unlimited at any Netcare hospital, but there may be sub-limits for certain specified services.

Each year, you are allocated a set amount of savings that you can use for day-to-day medical expenses – should you not use all your savings in one year, the balance will carry over to the next year, remaining available to you.

If you use up all your savings before the end of the year, any subsequent day-to-day claims will need to be covered out of your own pocket.

\*Scheme Protocols Apply



# 1. Hospital Benefits\*

Benefits are unlimited at any Netcare hospital and paid at 100% of the Scheme rate unless otherwise specified. Overall Annual Limit (OAL) unlimited. Pre-authorisation required and Scheme protocols apply.

## Hospitalisation

Voluntary, non-emergency admissions to a non-Netcare facility will attract a co-payment of 30% with a minimum amount of **R7 500**.

Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website ([compcare.co.za](http://compcare.co.za)) for a list of co-payments and exclusions\*. Benefits provided through the Netcare group of private hospitals.

## Medicine in Hospital

### Medicine Upon Discharge (TT0)

7 days' supply.

### Organ Transplants

100% of cost.

Unlimited for Prescribed Minimum Benefits.

Subject to pre-authorisation and PMB protocols.

### Pathology

Combined in-and-out of hospital limit of **R25 000 PMF**.

## Basic Radiology

100% of cost.

## Auxiliary Service in Hospital

Physiotherapy, biokinetics, dietitian, etc. Limited to **R3 400 PMF**. A separate pre-authorisation is required for in-hospital auxiliary services.

Email: [casemanagement@universal.co.za](mailto:casemanagement@universal.co.za) for pre-authorisation.

## Surgical Prostheses

Subject to PMSA for Non PMBs.

Sub-limits apply.

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

Email: [casemanagement@universal.co.za](mailto:casemanagement@universal.co.za) for pre-authorisation.

## Specialised Radiology

MRI, CT, high resolution CT and PET scans. Limited to **R23 000 PMF**.

Subject to Universal Care approved codes for specialised radiology. Pre-authorisation required for all MRI and CT Scans. High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorisation.

## Surgical Procedures Out-of-Hospital

100% of AT.

Subject and limited to available PMSA for non-PMBs.

## Surgical Procedures (Non-PMB)

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

Functional Endoscopic Sinus Surgery (FESS)	R5 700
Functional nasal surgery and septoplasty	R11 000
Minor gynaecological laparoscopic procedure	R5 350
Excision lesion- benign and malignant	R5 350
Laparoscopic appendectomy	R6 195
Adenoidectomy, myringotomy-grommets, tonsillectomy	R4 000
Laparoscopy, hysteroscopy, endometrial ablation	R10 000

### Co-payments:

All Prescribed Minimum Benefits are covered in full, without any co-payment required.

In instances where a co-payment is not specified and the procedure is not a Prescribed Minimum Benefit, the procedure may be funded from the PMSA.

## 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-authorisation via the MobiApp, phoning **0860 111 090** or by sending an email to [preauthorisation@universal.co.za](mailto: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.

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

Contact **0860 111 090**, email [preauthorisation@universal.co.za](mailto: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](mailto:hospitalaccounts@universal.co.za)

\*Scheme Protocols Apply



# 2. Day-to-Day Benefits\*

These Benefits are Subject to Your Savings (PMSA)

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

## Consultations, Procedures and Materials GPs and Specialists

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, dermatologist, gynaecologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years, or where multiple visits to a specialist have been authorised. Non-referral will attract a 30% co-payment. Please remember to obtain pre-authorization for any procedures.

## Medicine

### Acute medication

**Prescription medication** - Schedule 3 and higher.

### Over the counter medication (OTC)

(OTC) including schedule 0, 1 and 2 medicines and homeopathic medicines.  
Unlimited in PMSA

## Auxiliary Services

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

## Surgical and Medical Appliances

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

## Optometry

100% of SAOA rate.

### Eye test

1 Visit PB.

### Lenses and contact lenses

### Frames

## Radial Keratotomy and Excimer Laser

Subject and limited to available PMSA

## Radiology

### Basic radiology

Including black and white X-rays and ultrasound.

### Specialised radiology

MRI, CT, High resolution CT and PET scans.

Combined in and out of hospital limit of **R23 000 PMF**.

Subject to Universal Care approved codes for Specialised radiology. Pre-authorization required for all MRI and CT Scans.

High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorization.

**Contact 0860 111 090 or email [preauthorisation@universal.co.za](mailto:preauthorisation@universal.co.za)**

## Pathology

Combined in-and-out of hospital limit of **R25 000 PMF**.

## Dentistry

### Basic dentistry

Conservative and restorative.

### Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays. Subject to protocols. A quotation must be submitted for approval prior to the commencement of treatment. No benefit for orthodontic treatment for patients older than 18 years.

**Email address for dental authorisation**  
[dental@universal.co.za](mailto: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](mailto:specauth@universal.co.za)

General hospital Pre-authorization email:  
[preauthorisation@universal.co.za](mailto: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](mailto: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.
- Optica 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.

\*Scheme Protocols Apply

# 3. Chronic Medication Benefits\*

## Chronic Medication\*

27 Chronic conditions (Chronic Disease List – CDL) are covered.

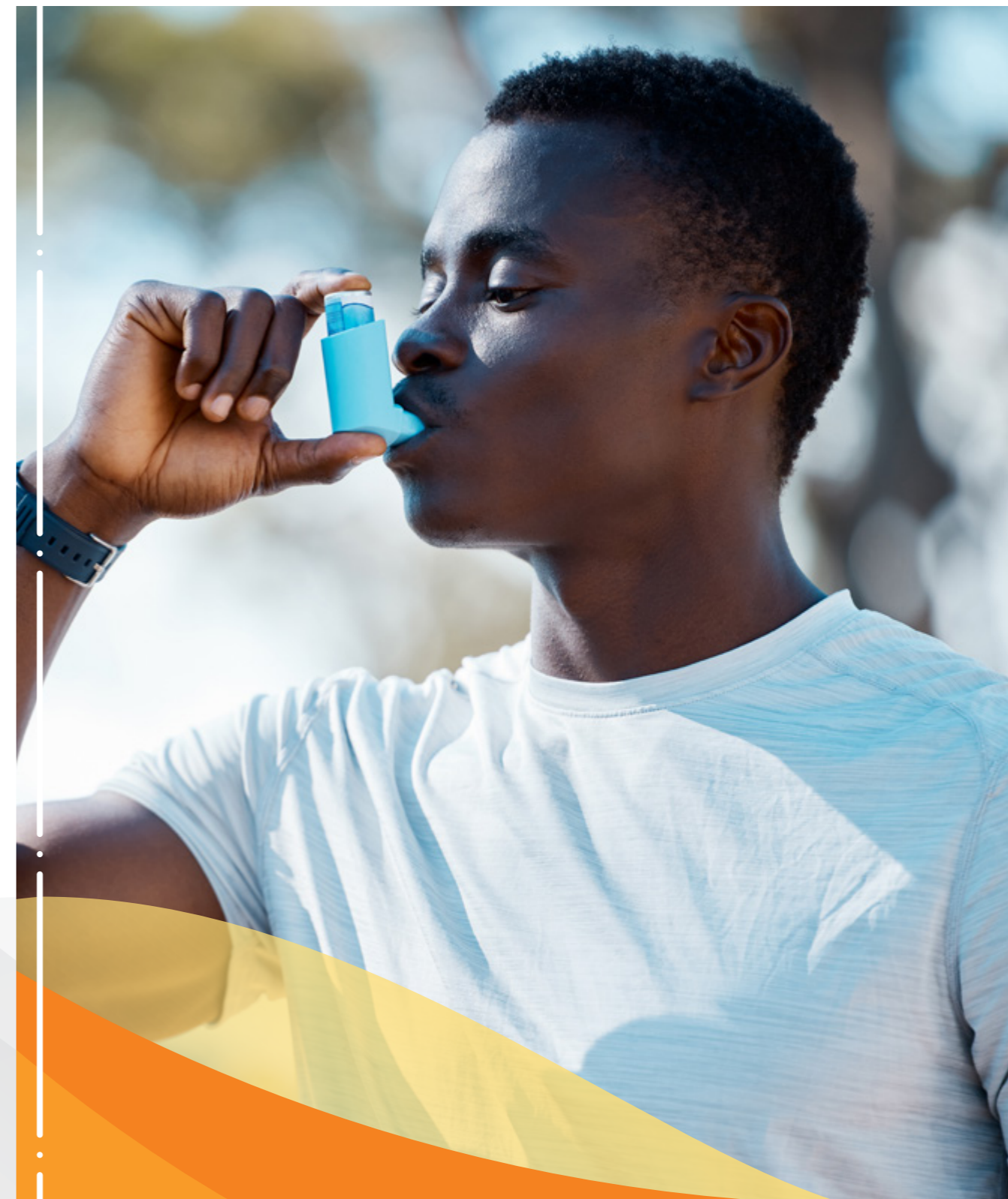
Once you have registered there is an unlimited benefit with no co-payments or levy if the medicine is listed on the Scheme's formulary and the price of the medicine is equal to or less than the reference price of the product. A 25% co-payment will apply if medicine is not on the formulary.

## Chronic Condition and Medicine Registration Process

In order to receive the chronic medication benefit, members must register their chronic medicine prescriptions with Universal 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.

## 27 Conditions Covered:

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





### 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-authorization 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-authorization 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 **PMSA**.
- **Emergency search and rescue.**
- **Child emergency benefit:** Once PMSA 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 – Subject to pre-authorization and Scheme protocols. Unlimited for PMBs.

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

- **Wound care** in lieu of hospitalisation. Subject to pre-authorization and Scheme protocols.
- **Oxygen home ventilation.** Subject to **PMSA**.
- **Home nursing visits** limited to 20 days PMF. Subject to savings.
- **Step-down nursing facilities, hospice, rehabilitation and home based care in lieu of hospitalisation.** Unlimited subject to pre-authorization and clinical protocols.

\*Scheme Protocols Apply. For more information, contact **oncology@universal.co.za** for pre-authorization.



# 5. Contributions

Effective from 1 January 2024

Monthly	Principal Member	Adult Dependant	Child Dependant*
Risk	R1 948	R1 948	R689
Savings	R343	R343	R121
<b>Total</b>	<b>R2 291</b>	<b>R2 291</b>	<b>R810</b>
<b>Annual Benefit Amounts for 2024</b>			
Annual Savings	R4 116	R4 116	R1 452

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

## Glossary

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



Like what you see?



## 6. Contact Us

### Everything you Need, at the Touch of a Button

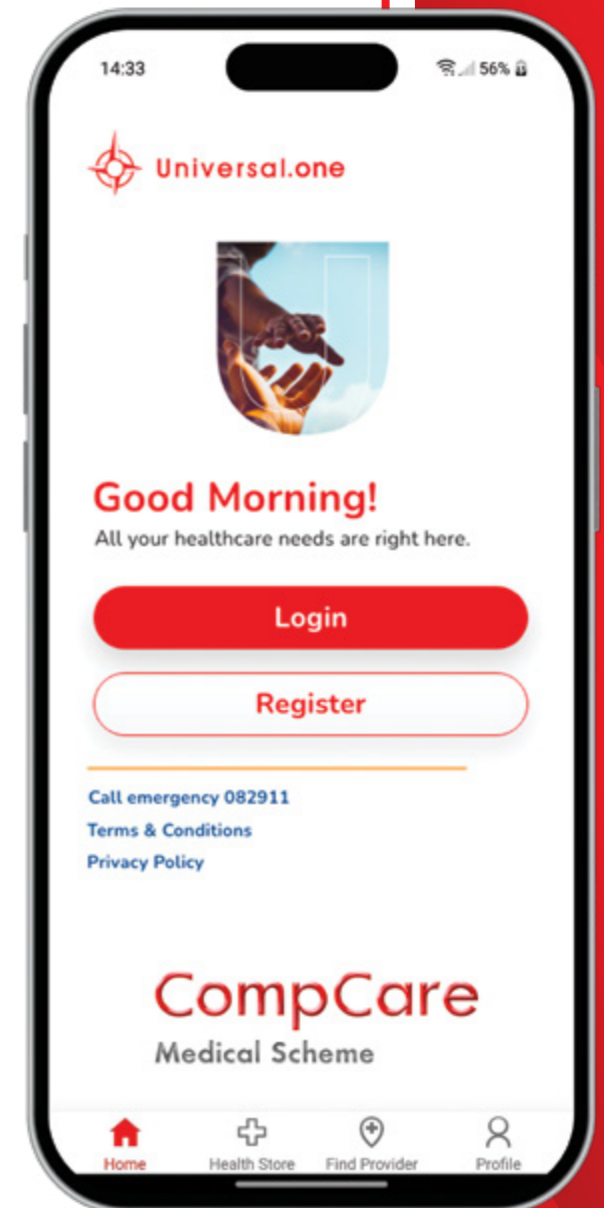
Our member App is your mobile gateway to information, allowing you to edit your personal details and view your option, benefits and claims anywhere, anytime. Check anything from claims to benefits and where your closest doctor is.

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](http://u-consult.co.za).



#### Pre-authorisation

- Contact **0860 111 090**, email [preauthorisation@universal.co.za](mailto: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](mailto:hospitalaccounts@universal.co.za)
- For specialist pre-authorisation, email [specauth@universal.co.za](mailto:specauth@universal.co.za)
- For general hospital pre-authorisation, email [preauthorisation@universal.co.za](mailto: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](mailto:compcare@universal.co.za)  
**Web:** [compcare.co.za](http://compcare.co.za)

**Complaints escalated to the Council for Medical Schemes:**  
**Tel:** 0861 123 267  
**Email:** [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)  
**Web:** [medicalschemes.com](http://medicalschemes.com)

# SelfNet



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.