## CompCare

**Medical Scheme** 



**SELFNET** OPTION

Flexible Savings Plan



2023 Information and Benefit Guide



Complete Cover. Committed Care. CompCare.

compcare.co.za



# WHY **COMPCARE?**

#### 01 We're One of The Top Schemes in South Africa

#### 02 Wide Range of Options

#### **03 Benefits That Boost Your Active** Lifestyle\*

#### 04 Women's Health\*

#### 05 Men's Health\*

#### 06 Kid's Health\*

#### 07 Cover for Professional and Adventure Sports\*

#### **08 Unlimited Oncology**

#### 09 Mental Health\*

#### 10 Superior Services and Benefits

\*Scheme protocols apply



REASON

to choose CompCare.

# 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 inhospital, 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, 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.

#### Glossary

C Child Dependant
CDL Chronic Disease List
DSP Designated Service Provider
MMAP Maximum Medical Aid Price
OTC Over-the-Counter Medicine
P Principal Member

Per Beneficiary Prescribed Minimum Benefits

South African Optometric Association To Take Out (Medicine taken on discharge from hospital)

#### **Medical Cover Without** The Co-Pays:

Unlimited Hospitalisation

SELFNET offers you unlimited cover for inhospital and hospital-related services at 100% of the Scheme rate.

Specialists are paid at 100% of the Scheme rate.



### **Day-to-Day Benefits**

Savings can be used as and when you want.



## Chronic Medication Benefits

27 Chronic Conditions Covered.

**EXCEPTIONAL VALUE** 



All PMBs, Unlimited GP visits and Conservative Dentistry (for children < 6 years), paid from risk. Ambulance Services (Netcare 911).

EXCEPTIONAL VALUE





SELFNET includes Preventative Care, Emotional Wellness, Active Lifestyle Programmes, Women's Health, Kid's Wellness and Men's Health Benefits.



## **Contributions**

Please refer to page 9 for the 2023 contributions.



#### Please Note:

Treatment is subject to preauthorisation, case management, specialist programmes and Scheme protocols.

## Major Medical Expenses 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.

#### Hospitalisation

#### Hospital Related Accounts

#### **Medicine in Hospital**

### Medicine Upon Discharge (TTO)

### **Organ Transplants**

#### Pathology

R23 500 PMF.

#### Basic Radiology

R21 100 PMF.

#### Auxiliary Service in Hospital

Physiotherapy, biokinetics, dietitian, etc. Limited to R3 100 PMF.

#### **Surgical Prostheses**

#### **Specialised Radiology**

Limited to R21 000 PMF.

#### Surgical Procedures Out-of-Hospital

#### Surgical Procedures Out-of-Hospital

Proctoscopy	PMSA
Nasal or sinus endoscopy	R5 500
Functional nasal surgery and septoplasty	R10 570
Hysteroscopy	PMSA
Flexible sigmoidoscopy	PMSA
Arthroscopy	PMSA
Minor gynaecological laparoscopic procedure	R5 100
Dental	PMSA
Excision lesion- benign and malignant	R5 100
Joint replacements- arthroplasty	PMSA
Conservative back and neck treatment- spinal cord injections	PMSA
Laminectomy and spinal fusion	PMSA
Nissen fundoplication- reflux surgery	PMSA
Hysterectomy, except for cancer	PMSA
Laparoscopic hemi colectomy	PMSA
Laparoscopic inguinal hernia repair	PMSA
Laparoscopic appendectomy	R6 200
Adenoidectomy, myringotomy- grommets, tonsillectomy	R3 900
Laparoscopy, hysteroscopy, endometrial ablation	R9 500
Gastroscopy	PMSA
Colonoscopy	PMSA
Cystoscopy	PMSA

Overall Annual Limit (OAL)

Subject to PMSA for Non

#### What Does "100% of Scheme Rate" Mean?

SCHEME RATE refers to the maximum amount 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 or download the Universal.one App for CompCare members for pre-authorisation.

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



#### **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. 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.

CompCare Medical Scheme

These Benefits are Subject to Your Savings (PMSA)

# 4 DAY-TO-DAY BENEFITS

#### 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-authorisation 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-authorisation 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 R21 100 PMF. Subject to Universal Care approved codes for Specialised radiology. Preauthorisation required for all MRI and CT Scans. High Resolution CT Scans/PET Scans subject to special medical motivation and preauthorisation.

Contact 0860 111 090 or email preauthorisation@universal.co.za

#### **Pathology**

Combined in-and-out of hospital limit of R23 500 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



#### **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 vear.
- One urologist visit per male, over the age of 40, per vear.
- 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 (ophthalmologists and orthodontists).
- Visits to a dermatologist. Remember to obtain preauthorisation for any procedures.
- Where multiple specialist visits have been authorised.



# 3 27 Chronic Conditions Covered

#### Chronic Medication\*

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

Once you have registered there is an unlimited benefit with no co-payments or levy if the medicine is listed on the Scheme's formulary and the price of the medicine is equal to or less than the reference price of the product.

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

## Chronic Condition and Medicine Registration Process

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

#### **Conditions Covered:**

Addison's disease\*
Asthma\*
Bipolar mood disorder\*
Bronchiectasis\*
Cardiac arrhythmias\*
Cardiomyopathy\*
Chronic renal failure\*
Congestive cardiac failure\*
Chronic obstructive pulmona disease\*
Coronary artery disease\*
Crohn's disease\*
Diabetes insipidus\*

Haemophilia\*
HIV/AIDS\*
Hypercholesterolemia /
hyperlipidaemia\*
Hypertension\*
Hypothyroidism\*
Multiple sclerosis\*
Parkinson's disease\*
Rheumatoid arthritis\*
Schizophrenia\*
Systemic lupus erythemato:
Ulcerative colitis\*

Glaucoma\*

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Benefits Paid by the Scheme (Unless Otherwise Indicated)

# PMBS AND OTHER BENEFITS PAID FROM RISK

## Prescribed Minimum Benefits (PMBs)\*

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

**Organ transplants and plasmapheresis** are paid in terms of 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 Renefits:

- Pulse Oximeter (R820 PMF)
- Nebulizer (R550 PMF)
- Thermal Thermometer (R440 PMF)

Pre-authorisation and managed care protocols apply.

## Please See Emergency Events Below\*:

- Emergency roadside assistance and ambulance transportation.
- Hospital emergency room/casualty emergency visits resulting in a hospital admission will be paid from the inhospital benefit.
- Hospital emergency room/casualty emergency visits as a result of physical injury caused by an external force will be paid in full.
- Hospital emergency room/casualty emergency visits not requiring admission will be paid from your savings.
- Emergency search and rescue.
- Child emergency benefit one additional visit at an emergency room per child younger than 6 years. Limited to R1 400.

#### Oncology and Speciality Care\*

- Unlimited oncology including chemotherapy and radiotherapy at the Scheme's oncology DSP.
- Biological agents and specialised medication – limited to R170 000 PMF. per year (25% co-payment on non-PMB medicine).

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

- Wound care in lieu of hospitalisation.
- Oxygen home ventilation.
- Home nursing visits limited to 20 days PMF. Subject to savings.
- Step-down nursing facilities, hospice and rehabilitation.

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

#### **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.

\*Scheme Protocols Apply

Emergency Medical Transport Services: Netcare 911 - 082 911 Keep Your Wellness at Heart

# WELLNESS



## AND PREVENTATIVE CARE **BENEFITS PAID FROM RISK**

#### CompCare's Preventative Care Benefits

#### Kids' Health & Wellness\*

- A newborn hearing screening benefit.
- A newborn congenital hypothyroidism benefit.
- 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 400 per event for children < 6 years
- Three additional paediatric consultations paid from risk
- 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 < 6 years. Paid from risk.
- Initial occupational therapy consultation.
- Kid's fitness assessment and exercise prescription programme.
- Kid's nutritional assessment and healthy eating programme.

#### Men's Health & Wellness\*

- Access to all Preventative Care benefits.
- Access to all Active Lifestyle programmes.
- Access to all Emotional Wellness benefits.
- Prostate specific antigen (PSA) blood test, paid from risk. One test per male beneficiary over the age of 40 per annum.

#### Women's Health & Wellness\*

- Access to all Preventative Care benefits.
- Access to all Active Lifestyle programmes.
- Access to all Emotional Wellness benefits.
- · Antenatal classes: Paid from savings.
- Antenatal visits: Limited to 8 antenatal visits with a GP, midwife or specialist paid from risk. Subject to clinical protocols. Maternity bag issued on registration on maternity programme.

  Confinements: Includes 2 x 2D ultrasound pregnancy scans.
- Members can opt for a 3D scan which will be paid at the rate of a 2D scan.
- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription and regular
- One additional nutritional and fitness assessment per
- pregnant women per pregnancy.
  Contraceptives: Limited to R3 200 PB for oral contraceptives
- HPV (Cervical Cancer) vaccine for female beneficiaries between the ages 12 and 18 years
- Papsmear: One test per female over the age of 18 per annum.
- Mammogram: One test per female beneficiary over the age of 35 every second year.

#### **Emotional Wellness Benefits\***

- Psychiatric treatment in hospital Subject to pre-authorisation and protocols.
- Alcoholism, drug dependence and narcotics PMB only.
- Psychiatry subject to savings.
- Clinical psychologists Subject to savings.
- Psychosocial counselling benefit Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to face-to-face sessions with qualified psychologists, social workers or registered counsellors to a maximum of 3 referral sessions PB per year.

#### Active Lifestyle Programmes\*

- Fitness assessment and exercise prescription: Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring.
- · Cover for injuries resulting from professional and adventure
- Specified sports supplements: Subject to savings and the overthe-counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).

#### Preventative Care Benefits\*

- GP wellness consultation: One per year, excludes procedures. Limited to tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- Health check: Blood pressure, blood sugar, cholesterol, BMI and waist circumference One measurement PB over the age of 18 years, limited to R250 per event. Only at DSP pharmacy.
- Rapid HIV tests.
- Preventative malaria medication when required.
- Flu vaccine: One PB.
- Tetanus vaccine: One vaccination when required.
- Glaucoma test: One PB.
- Colorectal cancer screening: One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.
- 🔊 Lipogram: One fasting lipogram per beneficiary over the age of 20 years. Once every 5 years.

\*Scheme Protocols Apply



# SELFNET **OPTION 2023**

**Contributions Effective from 1 January 2023** 

Monthly	Principal Member	Adult Dependant	Child Dependant*	
Risk	R1 622	R1 622	R574	
Savings	R355	R355	R125	
Total	R1 977	R1 977	R699	
Annual Benefit Amounts for 2023				
Annual Savings	R4 260	R4 260	R1 500	

\*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



## MEDICAL SCHEME **GONE MOBILE**

**EVERYTHING YOU NEED, AT THE TOUCH OF A** BUTTON

At CompCare we are always improving our member experience to put the power of your medical scheme in your hands. Our member App is your mobile gateway to information, allowing you to view and edit your medical scheme option, benefits and claims anywhere, anytime.

Simple, seamless and super convenient, the App makes it quick and easy for you to check anything from claims to benefits and where your closest doctor is.



Start by simply downloading the Universal.one App from the Apple and Google Play Store and follow the prompts on your smart device to install, continue and register with your CompCare member number and dependant code. You will be able to:



#### **CLAIMS**

Submit new claims and view your claims history.



#### **HOSPITAL PRE-AUTHORISATION**

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



#### **QUERY**

Submit gueries and view important contact details.



#### **MEMBERSHIP CARD**



See a digital version of your membership card so you're never caught without it again. You can even send it on as and when needed.



#### **BENEFITS**

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



#### AND MUCH MORE



Request your tax or member certificates. See all your registered chronic conditions, register new conditions, update your scripts and apply for an extended supply. Access your personal details, your dependant details and your scheme details.



DOWNLOAD NOW







Administered by



This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2023 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.