

CompCare

Medical Scheme



DYNAMIX OPTION

Comprehensive Benefit Package



2023 Information and
Benefit Guide



From only
R6 595
Per Month

Complete Cover. Committed Care. CompCare.

compcare.co.za

Administered by



Universal™

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



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WHY COMPCARE?

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

This is proven by our solid 44-year track record and solvency levels of more than 43%, 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 Kid's Health*

Newborn hearing screening and congenital hypothyroidism benefit. Baby wellness visits, 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, 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 under 6 get unlimited visits to the GP and basic dentistry. Paid from risk.

07 Cover For Professional and Adventure Sports*

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 face-to-face counselling should this be required.

10 Superior Services and Benefits

Delivered through our partnership with leading healthcare administrator, Universal Healthcare Administrators.



**10
REASONS**
to choose CompCare.

*Scheme Protocols Apply

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).

Glossary

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

Medical Cover Without the Co-Pays:

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:

- Hospitals
- Oncologist
- Pharmacist
- Biokineticists
- Dietitians
- Psychosocial counsellors

1

Unlimited Hospitalisation

DYNAMIX offers you unlimited cover for in-hospital and hospital-related services at 100% of the Scheme rate. Specialists are paid at 100% of the Scheme rate.

2



Day-to-Day Benefits

Subject to your savings, AFB, SPG and ATB.

3



Chronic Medication Benefits

65 Chronic Conditions Covered.



EXCEPTIONAL VALUE

4



PMBs and other Benefits Paid from Risk

All PMBs, Wellness and Preventative Benefits, Unlimited GP visits and Conservative Dentistry (after limits reached), Ambulance Services (Netcare 911).



EXCEPTIONAL VALUE

5



Wellness and Preventative Benefits Paid from Risk

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

6



Contributions

Please refer to page 9 for the 2023 contribution table.



Please Note:

Treatment is subject to pre-authorisation, case management, specialist programmes and Scheme protocols.



1

Major Medical Expenses

HOSPITAL BENEFITS

Benefits are unlimited and paid @ 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.

Pathology

Unlimited.

Basic Radiology

Unlimited.

Surgical Procedures Out-of-Hospital

Subject to pre-authorization and Scheme protocols.

Auxiliary Services in Hospital

Physiotherapy, biokinetics, dietitian, etc. Collective limit of R8 000 PMF in-and-out of hospital.

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

Surgical Prosthesis

Overall limit of R45 000 PMF.

Sub-limits apply.

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

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.

Radial Keratotomy and Excimer Laser

Limited to R7 400 per eye inclusive of hospitalisation and related costs.

Surgical Procedures (non-PMB)

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

Nasal or sinus endoscopy	R2 700
Functional nasal surgery and septoplasty	R2 700
Hysteroscopy	R2 700
Flexible sigmoidoscopy	R2 700
Arthroscopy	R2 700
Minor gynaecological laparoscopic procedure	R2 700
Dental	R2 700
Excision lesion- benign and malignant	R2 700
Joint replacements - arthroplasty	R2 120
Conservative back and neck treatment - spinal cord injections	R2 120
Laminectomy and spinal fusion	R2 700
Nissen fundoplication - reflux surgery	R2 700
Hysterectomy, except for cancer	R2 700
Laparoscopic hemi colectomy	R2 700
Laparoscopic inguinal hernia repair	R2 700
Laparoscopic appendectomy	R3 000
Gastroscopy	R3 000
Colonoscopy	R3 000
Cystoscopy	R3 000
Overall Annual Limit (OAL)	R45 000

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-authorization.

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-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.

2

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

DAY-TO-DAY BENEFITS

Benefits are paid @ 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 consultations per child under the age of 6 years funded from risk.

Specialist: Paid at 100% of the Scheme rate.

An ATB limit of **R4 750 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-authorisation 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 sports supplements with a NAPPI code.

No sub-limit in savings. Limited to **R1 000 PB** and **R1 450 PMF** in AFB to a maximum of **R230** 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 000 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-authorisation 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 contact lenses

Sub-limit of **R4 400 PB**.

Frames

1 Frame PB per year sub-limit of **R1 900** included in lenses limit. Annual benefit for glasses and contact lenses subject to available benefit.

Radial Keratotomy and Excimer Laser

Limited to **R7 400 per eye** inclusive of hospitalisation and related costs.

Pathology

Subject to PMSA, AFB and SPG

An ATB limit of **R3 700 PMF** applies, subject to the overall above threshold limit (Combined ATB limit with basic radiology).

Basic Radiology

Subject to PMSA, AFB and SPG

Including black and white X-rays and ultrasound. An ATB limit of **R3 700 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

Subject to PMSA and AFB

Dentures, crowns, bridgework, metal fillings and inlays. Subject to a sub-limit of **R13 500 PB** and **R19 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

*Once the Annual Threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R8 760 PB and R15 600 PMF.



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-authorisation for any procedures.
- Where multiple specialist visits have been authorised.



Contact **0861 222 777**, email **compcare@universal.co.za** or visit the **Universal.one App** for CompCare members.



VISIT YOUR HEALTHCARE PROVIDER ONLINE

u-consult.co.za

REMEMBER!

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

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

General hospital Pre-authorisation email
preauthorisation@universal.co.za

3 65 Chronic Conditions Covered

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 000 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. 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*

Allergic rhinitis

Angina

Ankylosing spondylitis

Asthma*

Attention deficit disorder

Bechet's disease

Bipolar mood disorder*

Bronchiectasis*

Cardiac arrhythmias*

Cardiomyopathy*

Chronic renal failure*

Congestive cardiac failure*

Chronic obstructive pulmonary disease*

Chronic bronchitis

Connective tissue disorders

(mixed)

Coronary artery disease*

Crohn's disease*

Cushing's syndrome

Cystic fibrosis

Diabetes insipidus*

Diabetes mellitus type 1 and 2*

Emphysema

Epilepsy*

Generalised anxiety disorder

Glaucoma*

Gastro-oesophageal reflux

disease

Gout/hyperuricemia

Haemophilia*

HIV/AIDS*

Hormone replacement therapy

Huntington's disease

Hypercholesterolemia/

hyperlipidaemia*

Hypertension*

Hypoparathyroidism

Hypothyroidism*

Ischaemic heart disease

Migraine

Motor neuron disease

Multiple sclerosis*

Muscular dystrophy

Myasthenia gravis

Obsessive compulsive disorder

Osteoporosis

Paget's Disease of the Bone

Panic disorder

Paraplegia/quadruplegia

Parkinson's disease*

Pemphigus

Peripheral arteriosclerotic

disease

Polyarthritis nodosa

Post-traumatic stress

syndrome

Pulmonary interstitial fibrosis

Rheumatoid arthritis*

Schizophrenia*

Scleroderma (systemic

sclerosis)

Stroke

Systemic lupus erythematosus*

Thrombocytopenic purpura

Ulcerative colitis*

Unipolar mood disorder/major

depression

Valvular heart disease

Vertigo

Zollinger-Ellison syndrome

4

Benefits Paid by the Scheme (Unless Otherwise Indicated)

PMBS AND OTHER BENEFITS PAID FROM RISK

EXCEPTIONAL VALUE

Prescribed Minimum Benefits (PMBs)*

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

Organ transplants, renal dialysis and plasmapheresis are paid in terms of PMB protocols.

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

Pre-authorisation and managed care protocols apply.

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

Please See Emergency Events Below*:

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

Oncology and Speciality Care*

- Unlimited **Oncology** including chemotherapy and radiotherapy at the Scheme's oncology DSP.

- **Biological agents and specialised medication** – limited to R240 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.
- **Oxygen home ventilation.**
- **Home nursing visits** - limited to 40 days PMF. Subject to PMSA and AFB.
- **Step-down nursing facilities, hospice and rehabilitation.**

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

Emergency Medical Transport Services:
Netcare 911 - 082 911

WELLNESS AND PREVENTATIVE CARE BENEFITS PAID FROM RISK



EXCEPTIONAL
VALUE

CompCare's Preventative Care Benefits

Kid's Health & Wellness*

- NEW**
- 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.** Limited to 12 antenatal classes and **R1 550 per pregnancy**, including a lactation consultation with a midwife.
- **Antenatal visits:** Limited to 12 antenatal visits with a GP, midwife or specialist. 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.
- **One additional nutritional and fitness assessment per pregnant women per pregnancy.**
- **Contraceptives:** Limited to **R3 200 PB** for oral contraceptives (RP applies) or IUD device. For female beneficiaries up to the age of 55 years.
- **HPV (Cervical Cancer) vaccine.** Per female beneficiary between 12 and 18 years of age.
- **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.

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 sports.**
- **Specified sports supplements** subject to savings and the over-the-counter medicine (OTC) benefit limit (provided there is a valid NAPPI code).

Emotional Wellness Benefits*

- **Psychiatric treatment in hospital** – Subject to pre-authorization and protocols.
- **Psychology: non-psychiatric admissions** – Limited to **R3 900 PMF**.
- **Alcoholism, drug dependence and narcotics** – PMB Only.
- **Psychiatry** – Subject to savings and AFB, limited to **R11 500 PMF**.
- **Clinical psychologists** – Subject to savings and AFB, limited to **R2 750 PMF**.
- **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.

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 for beneficiaries over the age of 20 years. Once every 5 years.



*Scheme Protocols Apply

DYNAMIX OPTION 2023

Contributions Effective from 1 January 2023

Monthly	Principal Member	Adult Dependant	Child Dependant*
Risk	R5 674	R4 433	R1 583
Savings	R921	R719	R256
Total	R6 595	R5 152	R1 839
Annual Benefit Amounts for 2023			
Annual Savings	R11 052	R8 628	R3 072
Annual Flexi Benefit (AFB)	R3 456	R2 676	R960
Total Day-to-Day	R14 508	R11 304	R4 032
Threshold	R23 028	R17 664	R6 432
Annual Self-Payment Gap	R8 520	R 6 360	R2 400

*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 pre-auth history.



QUERY

Submit queries 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





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

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Universal[™]

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.

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