

CompCare

Medical Scheme

Traditional Plan

From only _____
R5 032 Per Month



SelfSure 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 and dental screening.**
- One additional emergency room visit limited to **R1 550 per event** for children younger than 6 years.
- Three additional **paediatric consultations.**
- **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:** Limited to 12 antenatal classes and **R1 100** 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 – paid from risk.
- **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 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.



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-authorization and protocols – paid from risk.
- **Psychology: non-psychiatric admissions:** Limited to **R3 000 PMF** – paid from risk.
- **Alcoholism, drug dependence and narcotics:** : PMB only – paid from risk. Unlimited for Prescribed Minimum Benefits. Subject to pre-authorization and PMB protocols.
- **Psychiatry:** Subject to the Day-to-day benefit.
- **Clinical psychologists:** Subject to the Day-to-day benefit.
- **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



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 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.

- **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've found your groove in life, and you're settled with a family and a prospering career. You want complete day-to-day cover with comprehensive, unlimited hospital benefits in private facilities and more for you and yours.

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). Your day-to-day claims are paid from two benefit pools, the Day-to-Day Extender Benefit which covers radiology, pathology, basic dentistry, physiotherapy and biokinetics at a set benefit limit.

All other out-of-hospital benefits are paid from the Day-to-Day Benefit where a specified benefit limit is applicable.

In-hospital claims are settled from the Scheme's risk pool. Hospital expenses are unlimited within a Designated Service Provider (DSP) Network of private hospitals for Prescribed Minimum Benefits and 10 additional non-PMB procedures. Sub-limits may apply for certain specified services.



1. Hospital Benefits*

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

Hospitalisation

Unlimited cover for Prescribed Minimum Benefit admissions and 10 additional non-PMB conditions.

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 (TTO)

7 days' supply.

Organ Transplant

Unlimited for Prescribed Minimum Benefits. Pre-authorization and PMB protocols apply.

Pathology

Combined in and out of hospital limit of **R40 000 PMF**.

Basic Radiology

Auxiliary Services in Hospital

Physiotherapy, biokinetics, dietitian, etc. A separate pre-authorization is required for in-hospital auxiliary services.

Collective limit of **R5 000 PMF** in-and-out of hospital: Email casemanagement@universal.co.za for pre-authorization.

Surgical Prostheses

Overall limit of **R42 000 PMF**.

Sub-limits apply.

Specialised Radiology

MRI, CT, High resolution CT and PET scans. Combined limit for in and out of hospital of **R30 000 PMF**. A co-payment of **R2 500** will apply. 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 PMB's. No benefit for screening purposes.

Radial Keratotomy and Excimer Laser

Subject to optical benefit, pre-authorization and Scheme protocols.

Surgical Procedures Out-of-Hospital

Subject to pre-authorization and Scheme protocols.

Surgical Procedures (Non-PMB)

Additional procedures covered in hospital at the AT:

1. Circumcisions
2. Tonsillectomies and adenoidectomies
3. Endoscopic Sinus surgery
4. Arthroscopy knee
5. Ligament and tendon repairs – shoulder, wrist, knee and ankle
6. Carpal Tunnel repair
7. Sterilisations
8. Impacted wisdoms
9. Gastroscopy for GORD
10. Wedge/matrix excision nail

Surgical Procedures (Non-PMB)

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

Functional Endoscopic Sinus Surgery (FESS)	R4 200
Dental	R4 200
Excision lesion- benign and malignant	R4 200
Gastroscopy	R4 200
Adenoidectomy, Myringotomy (grommits), Tonsillectomy	R3 900

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.

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.

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

*Scheme Protocols Apply



2. Day-to-Day Benefits*

These Benefits are Subject to Your Day-to-Day and Day-to-Day Extender Benefits

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

Consultations, Procedures and Materials

GP*: Subject to Day-to-Day Benefit.

Specialist*: Paid at 100% of the Scheme Rate.

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 male 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. Please remember to obtain pre-authorization for any procedures.

Medicine

Acute medication

Subject to Day-to-Day Benefit.

Prescription medication – Schedule 3 and higher. 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)

Paid from day-to-day benefit.

Limited to **R300 per event.**

Auxiliary Services

Subject to Day-to-Day Benefit (except for physiotherapy and biokinetics).

Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy** and biokinetics**. Collective sub-limit of **R5 000 PMF** in and out of hospital.

Surgical and Medical Appliances

Paid from day-to-day benefit.

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

Pre-authorization required and sub-limits apply.

Optometry

100% of SAOA rate. Limited to **R6 300 PMF**. Benefit every second year.

Eye test

1 Visit PB.

Lenses OR contact lenses

Limited to **R1 100 PB**. Subject to optometry limit. Benefit available every second year.

Frames

1 Frame PB every second year. Limited to **R630 PB**.

Subject to optometry limit.

Benefit PB for either glasses every second year or contact lenses every year subject to available benefit.

Radial Keratotomy and Excimer Laser

Subject to optical benefit, pre-authorization and protocols.

Pathology

Combined limit with in-hospital benefit and limited to **R40 000 PMF**. Joint limit with Radiology, Basic Dentistry, Biokinetics and Physiotherapy (Day-to-Day Extender Benefit).

Radiology

Basic radiology

Subject to Day-to-Day Extender Benefit.

Including black and white X-rays and ultrasound. Specialised radiology

MRI, CT, High resolution CT and PET scans. Combined limit with in-hospital specialised radiology benefit. Limited to **R30 000 PMF**.

A co-payment of **R2 500** will apply. **Contact 0860 111 090 or email preauthorisation@universal.co.za**

Pre-authorization and medical motivation are required for MRI, CT, High resolution CT and PET scans.

No benefit will be available for unauthorised scans, except in the case of emergency PMBs in which case the Scheme shall be notified on the first working day following the procedure.

Dentistry

Paid from day-to-day extender benefit.

Basic dentistry

Conservative and restorative.

Specialised dentistry*

Subject to the Day-to-Day Benefit

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.

A co-payment of **R2 000** will apply.

Email address for dental authorisation:

dental@universal.co.za

*Exclusions

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

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



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

Annual Benefit Amounts for 2024

	Principal Member	Adult Dependant	Child Dependant
Day-to-Day Benefit	R6 500	R4 500	R2 310
Day-to-Day Extender Benefit	R6 500 PB up to a maximum of R10 000 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-authorization for any procedures.
- Where multiple specialist visits have been authorised.

*Scheme Protocols Apply

3. Chronic Medication Benefits*

Chronic Medication*

40 Chronic conditions are covered.

27 of the 40 chronic conditions include conditions from the Chronic Disease List (CDL).

13 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.

13 non-CDL medicines – paid from the Day-to-Day Benefit.

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

Phone 0860 111 900 to register your chronic condition or register on the Mobi App. Contact 0860 222 555 or chronicmedicine@universal.co.za for pre-authorisation.

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.

40 Conditions Covered:

Addison's disease*

Angina

Ankylosing spondylitis

Asthma*

Bipolar mood disorder*

Bronchiectasis*

Cardiac arrhythmias*

Cardiomyopathy*

Chronic renal failure*

Congestive cardiac failure*

Chronic obstructive pulmonary disease*

Chronic bronchitis

Coronary artery disease*

Crohn's disease*

Cushing's syndrome

Diabetes insipidus*

Diabetes mellitus type 1 and 2*

Emphysema

Epilepsy*

Glaucoma*

Haemophilia

HIV/AIDS*

Hormone replacement therapy

Hypertension*

Hypoparathyroidism

Hypothyroidism

Ischaemic heart disease

Multiple sclerosis*

Myasthenia gravis

Paget's disease of the bone

Parkinson's disease*

Pemphigus

Rheumatoid arthritis*

Schizophrenia*

Stroke

Systemic lupus erythematosus*

Ulcerative colitis*

Vertigo





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 **day-to-day benefits**.
- **Emergency search and rescue.**
- **Child emergency benefit:** Once day-to-day benefits are 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** – Pre-authorization required. **R178 500 PMF**. Protocols apply. 25% co-payment on non-PMB medicines.

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.
- **Oxygen home ventilation.** Subject to pre-authorization and Scheme protocols.
- **Home nursing visits** limited to 25 days PMF. Subject to the Day-to-Day benefit.
- **Step-down nursing facilities, hospice, rehabilitation and home based care in lieu of hospitalisation.** Unlimited subject to pre-authorization and clinical protocols.

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

5. Contributions

Effective from 1 January 2024

Monthly	Principal Member	Adult Dependand	Child Dependand*
Contribution	R5 032	R5 032	R1 260
Annual Benefit Amounts for 2023			
Day-to-Day Benefits	R6 500	R4 500	R2 310
Day-to-Day Extender Benefits		R6 500 PB	R10 000 PMF

*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

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



Like what you see?



6. Contact Us

Everything you Need, at the Touch of a Button

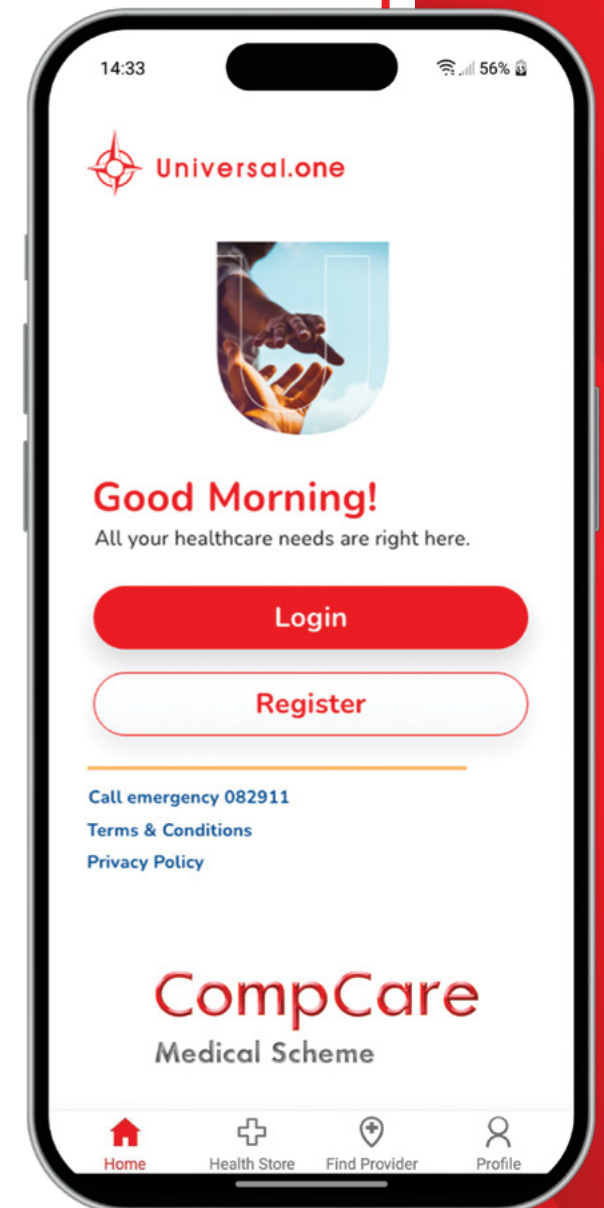
Our member App is your mobile gateway to information, allowing you to edit your personal details and view your option, benefits and claims anywhere, anytime. Check anything from claims to benefits and where your closest doctor is.

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.



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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

SelfSure



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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.