

CompCare
Medical Scheme

Benefit Options

10 Reasons
to choose **CompCare**



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Universal
Administrators

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



From the Principal Officer

Choosing the best medical scheme for you, your family or your employees is a big deal. We get it! Which is why we're proud to be renowned as the 'cover that cares' – bringing you affordable healthcare that you can always count on.

CompCare is a long-standing scheme with an outstanding track record of "being there when you need us most". In fact, our scheme has been independently ranked as one of the most financially sustainable schemes on the market. Not only do we offer incredible benefits that appeal to a broad range of interests, including professional and adventure sports, but we're also known for our highly innovative product design and some of the best preventative care and wellness benefit packages.

To us, you're more than just a number. As a valued member, you'll receive the individualised care that's key to our committed and dedicated approach. For whatever happens, we're here for you. Always!

When it comes to your healthcare needs, we've got you covered.

Yours in health and wellness,

Josua Toubert

Principal Officer and CEO

CompCare Wellness Medical Scheme

10 Reasons to choose **CompCare**

01 One of the Top Medical Schemes in SA.

02 41 Year track-record & solvency in excess of 45%.

03 Wide range of options:

- Choose the perfect option to fit your lifestyle, needs and budget.
- Efficiency discounted options ensuring savings on contributions of up to 25% by opting to go to Dischem pharmacies and Netcare hospitals

04 Benefits that support and encourage your active lifestyle*:

- Fitness assessments and exercise prescription programmes with access to registered biokineticists and exercise facilities.
- Healthy eating and sports nutrition programmes.

05 Women's Health*:

- Mammograms, cervical cancer vaccination and contraceptives.

06 Men's Health*:

- Prostate checks.

07 Kids' Health*:

- Baby wellness visits, childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening.
- A visit to an emergency room every year for children younger than six.
- Kids occupational therapist visits, a fitness assessment and exercise prescription programme, nutritional assessment and healthy eating plan.
- Unlimited visits to the GP and basic dentistry for children younger than six, once your day-to-day benefits are depleted.

08 Extreme and adventure sports:

- Healthcare cover when participating in extreme and adventure sports*.
- Access to selected sports supplements and wearable fitness and health monitoring devices on selected CompCare options.

09 Emotional Health*:

- Unlimited professional telephonic emotional health and wellbeing support around-the-clock and referrals for one-on-one counselling.

10 Superior services and benefits delivered through our partnership with leading healthcare administrator, Universal Healthcare.

***Paid from scheme risk, will not affect your day-to-day or savings benefits.**

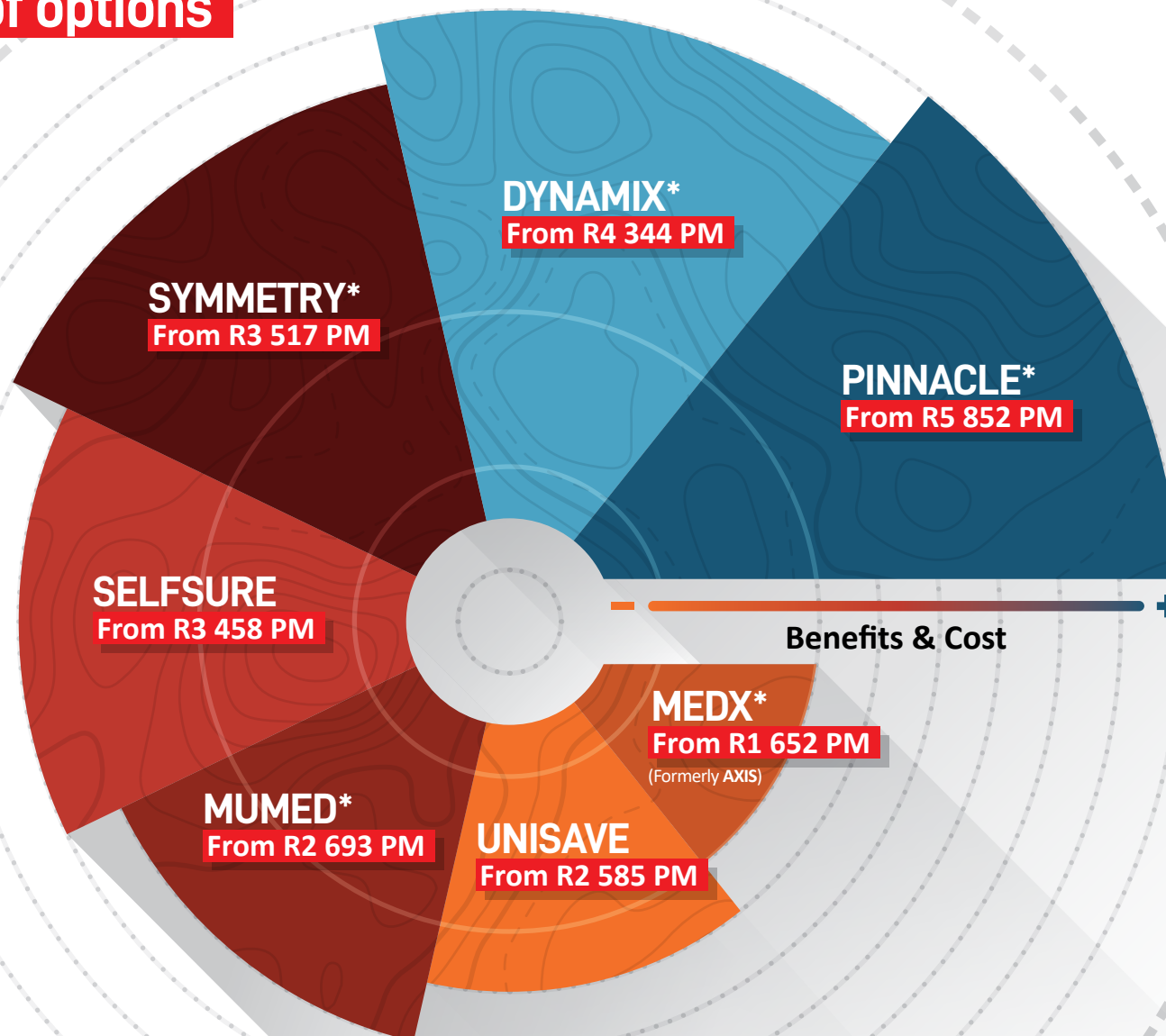
01 One of the Top Medical Schemes in SA


The recent amalgamation of CompCare and Selfmed has elevated the Scheme into one of the top-ranking Schemes in the industry, offering members a highly competitive product range and a customer focused service offering. Because we understand the healthcare needs of individuals we realise how important solid benefits and highly personalised products and service are to members. That's why you can count on CompCare for an extensive approach to member wellbeing.

02 41 Year track-record & solvency in excess of 45%

CompCare is a long-standing and one of the most enduring medical Schemes in South Africa. The Scheme, which was registered in 1978, and has been in existence for more than 40 years, has an outstanding track record. Our client-centric, results-driven approach underpins every aspect of our service offering. We've integrated knowledgeable, competent and experienced people, robust and streamlined processes, and a scalable, proven system to bring you healthcare cover you can count on. The Scheme is financially stronger than ever with a solvency level well in excess of the regulated 25%.

03 Wide range of options



* Including **Efficiency Discounted** 
options within the range

PINNACLE

A new generation option that offers comprehensive cover, with unlimited hospital cover and superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

PINNACLE ED: A new generation option that offers comprehensive cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

DYNAMIX

A new generation option that offers complete cover with unlimited hospital cover and extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

DYNAMIX ED: A new generation option that offers complete cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

SYMMETRY

A new generation option that offers exceptional cover with unlimited hospital cover and above average day-to-day benefits, consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi-risk benefits are exhausted.

SYMMETRY ED: A new generation option that offers exceptional cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi risk benefits are exhausted.

SELSURE

A traditional option that offers extensive unlimited hospital cover within a DSP network of Private Hospitals. Day-to-day benefits are paid from risk with an extended day-to-day benefit component for specified services.

MUMED

A traditional option that offers substantial cover, with unlimited hospital cover and sufficient day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

MUMED ED: A traditional option that offers above average cover, with unlimited hospital cover, within the Netcare Group of private hospitals. The plan offers day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

UNISAVE

The UNISAVE option offers comprehensive unlimited hospital cover. A flexible savings account allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

MEDX

A premium comprehensive private hospital benefit plan with post-operative rehabilitation benefits, as well as wellness benefits, for complete peace of mind.

MEDX ED: A premium comprehensive private hospital benefit plan within the Netcare Group of private hospitals. The plan offers post-operative rehabilitation benefits, as well as wellness benefits, for complete peace of mind.

BOOST YOUR BODY!

Staying fit and healthy is a life long struggle that requires motivation in abundance. Find your focus and get fit!

04 Benefits that support and encourage your active lifestyle



COME ON, GET ACTIVE!

Whether you're a gym bunny flexing your triceps, someone undergoing rehabilitation after a major injury or operation, or just an average Joe or Jane wanting to improve your physical health, we've got something that's fit for you! The World Health Organization now regards exercise as a treatment, and exercise prescription is an evidence-based way of treating illness and disabilities, and ensuring overall wellness. They recommend that adults aged 18–64 should do a minimum of 150 – 300 minutes of moderate-intensity exercise per week.

We've got you! Sign up for our scientific Fitness Assessment and Exercise Prescription Programme to benefit from regular interaction and monitoring, courtesy of one of our registered biokineticists and exercise facilities. And the sweetener? You can do this without paying gym fees.



EAT YOUR WAY TO WELLNESS

And while you're at it, you might as well start eating healthier too! And we'll guide you along every step of the way. Get going by signing up for our Nutritional Assessment and Healthy Eating programme, which provides a consultation with a registered dietitian with a personalised health eating plan. Whether you want to lose weight or eat correctly for health reasons, or follow a top achiever sports nutrition programme, we're here to help you reach your goals.

Remember: excuses don't burn calories. So, sign up today!

05 Women's health

Women really do run the world (and it didn't take a Beyoncé song to convince us): juggling their careers with caring for their family, and everything in-between. Women tend to be great at prioritising the healthcare needs of others ahead of their own. This is why we're always encouraging you to invest in some self-care. Take advantage of the routine health screenings on offer, which are appropriate to your individual stage of life and lifestyle.

And please remember the importance of having a regular mammogram; we know it's not fun but it is very necessary. Among the benefits we have lined up for you is an annual benefit for contraceptives, including Intrauterine devices (IUDs) and oral contraceptives.

06 Men's health

Did you know that prostate problems are one of the most common conditions affecting men today? In fact, over 4 000 men, some as young as 40, are diagnosed with prostate cancer in South Africa every year.

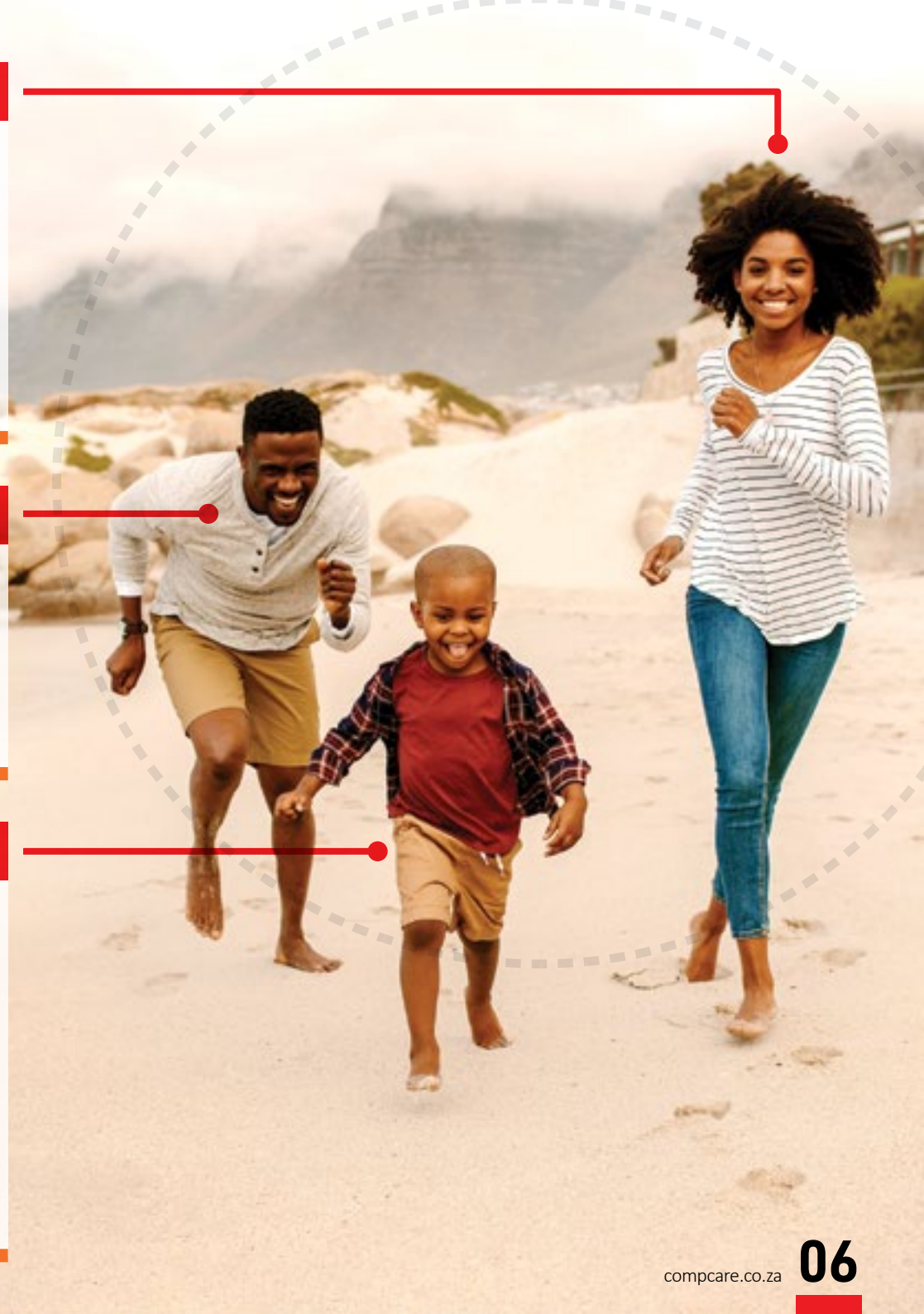
Taking this into account, a prostate check, together with a prostate specific antigen (PSA) blood test, is definitely the right thing to do. Your PSA test is a guaranteed benefit, and paid from the scheme's risk pool, so there's really no excuse not to...

07 Kids' health

They're the future, so just like you, we love children. Which is why we've designed a special kid's range of benefits to ensure that their every health and wellness need is catered for.

From baby wellness visits to childhood immunisations, school readiness assessments, pre-school eye, hearing and a dental screening – we've got your precious ones well cared for.

For every child younger than six years, you now get unlimited GP visits and basic dentistry as well as an extra visit to an emergency room every year. Furthermore, we cover a consultation with an occupational therapist, a fitness assessment and exercise prescription programme, as well as a nutritional assessment and healthy eating plan specially for kids. Now all you have to worry about is convincing them to eat the green stuff on their dinner plate!



LIVE WITHOUT LIMITS!


08 Extreme and adventure sports

So, you love the outdoors and that rush of adrenalin just before you take the plunge skydiving, racing down a steep mountain with your new bike, or burning rubber down the main straight...

We're big on life and on living life to the fullest. We share your taste for adventure, so whether you're a professional sport junkie, or a weekend mountain climbing enthusiast, we've got you covered!

We've got the ultimate package for you. From access to selected sport supplements to wearable fitness and health monitoring devices, we'll pay for it from your savings account (as long as there's a valid NAPPI code - subject to sub-limits). We never compromise on care, so if you get injured or ill, we'll send in the troops (and the search and rescue if need be).

Available on all options with a savings account. Subject to sub-limits.



Love
extreme sports?
YOU'RE COVERED!

09 Emotional health



Your mind matters

South African studies show that more than 30% of adults will have suffered from some form of mental disorder in their lifetime, and one in six adults – or 16.5% – suffered from common mental disorders. A quarter of these cases were classified as serious, which represents about four out of every hundred South Africans.

When it comes to your emotional health and wellbeing, we've got you covered! Because we care, we've made sure that you have the necessary benefits available to you when you need them most. We offer a 24-hour help-line with trained clinical professionals to help you whenever needed. A referral for face-to-face counselling is also available as part of your benefit package.

10 Superior services and benefits



Delivered through our partnership with leading healthcare administrator, Universal Healthcare

Universal Healthcare is a fully independent owner-managed company. Mastering the art of excellence is at their core which means members and clients benefit from a seamless, highly personalised healthcare solution that is evidence based.

CompCare Options and Benefits for 2020

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
IN-HOSPITAL BENEFITS							
Hospitalisation - private hospitals and nursing homes	100% of the scheme rate. Cover provided in a private ward. Treatment subject to pre-authorisation, case management and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.	DSP Network of Private Hospitals. 100% of the scheme rate. Treatment subject to pre authorisation, case management and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.	100% of the scheme rate. Treatment subject to pre-authorisation, case management and scheme protocols.
Efficiency Discounted (ED) Option. Members can select Designated Service Providers (DSP's) for in-hospital services and chronic medicines upon which contributions will be discounted. Voluntary admission to a non-Netcare facility will attract a co-payment of 30% with a minimum of R5 000 (not applicable to emergencies). Voluntary use of a non-DSP pharmacy will result in a 25% co-payment.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy- including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy- including Dis-Chem Courier pharmacies.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy- including Dis-Chem Courier pharmacies.	No ED Option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy- including Dis-Chem Courier pharmacies.	No ED option.	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy- including Dis-Chem Courier pharmacies.
Overall Annual Limit (OAL)	Unlimited						
Co-payments and exclusions	See list of co-payments and exclusions.						
GPs and specialists	Unlimited. Specialists paid at 200% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.	Unlimited. 100% of the scheme rate.
Medication - only while in hospital	100% of cost.						
Medication on discharge from hospital (TTO) - subject to Reference Pricing (RP) and formularies	Limited to 7 days per discharge.						
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall limit of R46 960. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R40 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R35 200. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R34 250. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R32 850. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R31 400. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall limit of R30 500. Sub-limits per category apply.
Auxiliary services physiotherapy, psychology, etc.	Limited to R10 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R7 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R5 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R4 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R3 000 PMF (Combined limit in-and-out of hospital). Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R2 500 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.	Limited to R2 500 PMF Subject to pre-authorisation and protocols. To be recommended by the treating medical practitioner.
Psychiatric treatment in hospital	100% of the scheme rate. Subject to pre-authorisation, protocols and PMBs.						
Psychology (non-psychiatric admissions)	Limited to R4 200 PMF.	Limited to R3 400 PMF.	Limited to R2 900 PMF.	Limited to R2 485 PMF.	Limited to R2 300 PMF.	Limited to R1 700 PMF.	Limited to R1 700 PMF.
All specialised radiology including MRI, CT and PET scans	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 500 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Unlimited. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 250 paid from available PMSA. Accumulates to threshold, except PMBs.	100% of the scheme rate. Limited to R28 700 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 500 is paid from available PMSA.	100% of the scheme rate. Limited to R25 960 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. A co-payment of R2 100 will apply.	100% of the scheme rate. Limited to R25 200 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.	100% of the scheme rate. Limited to R20 500 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 000 is paid from available PMSA.	100% of the scheme rate. Limited to R23 000 per annum unless otherwise pre-authorised. Pre-authorisation required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans. No benefit for screening purposes.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Basic radiology	100% of the scheme rate. Unlimited. Subject to scheme protocols.						
Pathology	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Unlimited. Subject to scheme protocols.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R34 500 PMF.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R31 765 PMF.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R31 600 PMF.	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R28 700 PMF.	100% of the scheme rate. Subject to scheme protocols. Limited to R25 800 PMF.
Confinements	100% of the scheme rate. Subject to pre-authorisation and protocols.						
Alcoholism, drug dependence and narcotics	Subject to pre-authorisation, protocols and PMBs.						
Organ transplants, plasmapheresis, renal dialysis	Subject to pre-authorisation, protocols and PMBs.						
Professional sports injuries	Subject to pre-authorisation and protocols.						

ALTERNATIVES TO HOSPITALISATION

Oncology including chemotherapy and radiotherapy	Unlimited. Subject to pre-authorisation and protocols within a DSP Network. Oncology formulary applies.						
Biological agents and specialised medication	Pre-authorisation required. R280 000 PMF. Protocols apply.	Pre-authorisation required. R212 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R142 500 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R142 500 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R142 500 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R142 500 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R142 500 PMF. Protocols apply. 25% co-payment on non-PMB medicines.
Step-down nursing facilities, hospice and rehabilitation	Unlimited. Subject to pre-authorisation and clinical guidelines.						
Surgical procedures out-of-hospital	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	Unlimited. Subject to pre-authorisation and protocols.	No benefit unless in lieu of hospitalisation. Subject to pre-authorisation and protocols.
Radial keratotomy and excimer laser	Annual limit of R7 160 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R6 400 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Annual limit of R4 800 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: hospitalisation and all related costs.	Subject to optical benefit, pre-authorisation and protocols.	Subject to optical benefit, pre-authorisation and protocols.	Subject to optical benefit, pre-authorisation and protocols.	PMBs only.
Wound care in lieu of hospitalisation	Unlimited. Subject to pre-authorisation and protocols.						

CompCare Options and Benefits for 2020

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
DAY-TO-DAY BENEFITS							
Day-to-day benefits	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB), where after the member will be liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the annual threshold at the scheme rate. Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 000 PB and R18 400 PMF – further sub-limits apply.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from an Annual Flexi Benefit (AFB), where after the member is then liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the threshold level at the scheme rate. Once the threshold level is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R6 660 PB and R11 770 PMF – further sub-limits apply.	Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB). Total annual day-to-day benefits: Normal Option: P: R9 564, A: R7 430, C: R2 664 When AFB is exhausted additional benefits are available.	Out-of-hospital radiology, pathology, basic dentistry, physiotherapy and biokinetics are paid from the Day-to-Day Extender Benefit which is limited to R5 670 PB and R7 950 PMF. All other out-of-hospital benefits are paid from the Day-to-Day Benefit of: P: R5 560, A: R3 930, C: R1 960 (maximum of 3 children)	Benefits are paid from the Annual Flexi Benefit (AFB). AFB limits: Normal Option: P: R6 170, A: R3 860, C: R1 540 When AFB is exhausted additional benefits are available.	Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R7 752, A: R6 612, C: R2 316 (maximum of 3 children)	Post-operative rehabilitation – physiotherapy, occupational therapy and biokineticist. Limited to R3 550 PB per annum 14 Days. Must be pre-authorised. Protocols apply Only applies to PMBs.
General practitioners	100% of the scheme rate. Includes consultation fees, procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited (excluding procedures and materials). Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees, procedure and material costs. Subject to PMSA, AFB and SPG. After threshold unlimited (excluding procedures and materials). Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees, procedure and material costs. Paid from PMSA and AFB. Once PMSA and AFB are exhausted consultations (excluding procedures and materials) are unlimited. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of scheme rate. Subject to Day-to-Day Benefit. Unlimited GP visits per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Includes consultation fees, procedure and material costs. Paid from AFB first, limited to M: 6 visits M+1: 8 visits M+2: 10 visits M+3+: 11 visits Once AFB is exhausted, the balance of visits are available and paid from risk (excluding procedures and materials). Unlimited GP visits per child younger than 6 years once AFB is depleted.	Paid from PMSA. Unlimited GP visits per child younger than 6 years once PMSA benefits are depleted.	PMBs only. Unlimited GP visits per child younger than 6 years.
Specialists	200% of the scheme rate. Paid from PMSA, AFB and SPG, thereafter from ATB. Referral from a GP required.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 150 PMF apply, subject to overall above threshold limit. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA and AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of scheme rate. Subject to Day-to-Day Benefit. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from AFB. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.	PMBs only.
Chronic medicines	Subject to formulary. RP applies. 74 conditions (27 CDL conditions + 47 non-CDL conditions). Unlimited for registered CDL conditions. Paid from AFB first. Non-CDL chronic medication is paid from PMSA, AFB and SPG first. Limited to R12 750 PB and R19 000 PMF. ATB limited to R4 800 PMF, subject to the overall Above Threshold Limit.	Subject to formulary. RP applies. 65 conditions (27 CDL conditions + 38 non-CDL conditions). Unlimited for registered CDL conditions. Paid from AFB first. Non-CDL Chronic medication is paid from PMSA, AFB and SPG first. Limited to R9 580 PB, and R16 000 PMF. ATB limited to R3 180 PMF, subject to the overall Above Threshold Limit.	Subject to formulary. RP applies. 48 conditions (27 CDL conditions + 21 non-CDL conditions) 28 CDL conditions subject to AFB. Non-CDL conditions subject to PMSA and AFB. Limited to R4 700 PB, R7 000 PMF. Once benefit depleted CDL medicines unlimited.	Subject to formulary. RP applies. Unlimited for 40 conditions (27 CDL conditions + 13 non-CDL conditions) Non-CDL conditions subject to Day-to-Day Benefit.	Subject to formulary. RP applies. Unlimited for 37 conditions (27 CDL conditions + 10 non-CDL conditions). Subject to AFB. Once AFB is depleted CDL medicines are unlimited.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.	Subject to formulary. RP applies. Unlimited for the 27 CDL conditions.

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Acute medicines - schedule 3 and higher	Paid from PMSA, AFB and SPG. Thereafter from ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 200 PMF, subject to overall ATB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA and AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from Day-to-Day Benefit. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from AFB. A 25% co-payment is applicable to non-generic products. MMAP applies.	Paid from PMSA.	PMBs only.
Over the counter medication - including schedule 0, 1 and 2 medicines and homeopathic medicines	Subject to PMSA and AFB. Limited to R1 060 PB and R1 500 PMF and max per event R220 once in AFB. Subject to RP. Does not accumulate to threshold.	Subject to PMSA and AFB. Limited to R915 PB and R1 370 PMF and max per event R210 once in AFB. Subject to RP. Does not accumulate to threshold.	Subject to PMSA and AFB. Limited to R730 PB and R1 200 PMF and max per event R190 once in AFB. Subject to RP.	Paid from Day-to-Day Benefit. Limited to R290 per event.	Paid from AFB Limited to R600 PB and R1 100 PMF. Max per event R180. Subject to RP.	Paid from PMSA.	No benefit.
Basic radiology - X-rays including black and white X-rays and Ultrasound	Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 200 PMF apply, subject to overall ATB. Combined ATB limit with pathology.	100% of the scheme rate. Paid from PMSA and AFB.	100% of the scheme rate jointly limit with Pathology, Basic Dentistry, Biokineticist and Physiotherapy to R5 670 PB and R7 950 PMF.	100% of the scheme rate. Paid from AFB (Day-to-Day Extender Benefit).	100% of the scheme rate. Paid from PMSA.	In-hospital benefit only.
All specialised radiology including MRI, CT and PET scans	Combined with in-hospital specialised radiology benefit. The first R2 500 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. The first R2 250 is payable from the PMSA, AFB and SPG with accumulation to the threshold.	Combined with in-hospital specialised radiology benefit. Limited to R28 700 PMF. The first R1 500 is payable from the PMSA and AFB.	Combined with in-hospital specialised radiology benefit, limited to R25 960 PMF. A co-payment of R2 100 will apply.	Combined with in-hospital specialised radiology benefit. Limited to R25 200 PMF.	100% of the scheme rate. Subject to PMSA.	In-hospital benefit only.
Pathology	100% of the scheme rate. Paid from PMSA, AFB and SPG. Thereafter paid from ATB.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 200 PMF apply, subject to overall ATB. Combined ATB limit with radiology.	100% of the scheme rate. Paid from PMSA and AFB, subject to scheme protocols. Combined in-and-out of hospital limit of R34 500 PMF.	100% of the scheme rate jointly limited with Radiology, Basic Dentistry, Biokinetics and Physiotherapy to R5 670 PB or R7 950 PMF (Day-to-Day Extender Benefit).	100% of the scheme rate. Subject to AFB, combined in-and-out of hospital benefit.	100% of the scheme rate. Subject to PMSA, combined in-and-out of hospital benefit.	PMBs only.
Conservative dentistry including consultations, preventative care, fillings, extractions and infection control	100% of the scheme rate. Subject to PMSA, AFB and SPG. After threshold unlimited. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Subject to PMSA, AFB and SPG. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate. Subject to PMSA and AFB. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.	100% of the scheme rate jointly limited with Radiology, Pathology, Biokinetics and Physiotherapy to R5 670 PB and R7 950 PMF. Unlimited conservative dentistry per child younger than 6 years once day-to-day benefits are depleted (Day-to-Day Extender Benefit).	100% of the scheme rate. Subject to AFB. Unlimited conservative dentistry per child younger than 6 years once AFB is depleted.	100% of the scheme rate. Subject to PMSA. Unlimited conservative dentistry per child younger than 6 years once PMSA is depleted.	Unlimited conservative dentistry per child younger than 6 years.
Specialised dentistry, including maxillofacial and oral surgery- in-and-out of hospital combined limit (A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment excluded for patients older than 18)	100% of the scheme rate. Paid from PMSA and AFB. Thereafter paid from ATB. Subject to protocols. Orthodontic treatment limited to R17 500 per lifetime.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R12 000 PB and R16 800 PMF. Subject to protocols. Orthodontic treatment limited to R17 500 per lifetime.	100% of the scheme rate. Paid from PMSA and AFB. Limited to R8 000 PB. Subject to scheme protocols. Orthodontic treatment limited to R17 500 per lifetime.	100% of the scheme rate. Subject to Day-to-Day Benefit. R1 800 co-payment will apply.	100% of the scheme rate. Paid from AFB. Limited to R2 100 PB. Subject to scheme protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.
Optometry visits	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 2 visits PB per annum.	Subject to PMSA and AFB. 1 visit PB every second year.	1 visit PB every second year included in the R5 300 PMF optometry limit.	Subject to AFB. 1 visit PB every second year.	Subject to PMSA.	PMBs only.

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BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Lenses and contact lenses	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R4 800 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R3 850 PB. Subject to protocols.	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R2 150 PB every second year. Subject to protocols.	100% of the scheme rate. Limited to optometry benefit of R5 300 PMF every second year. Sub-limit of R930 for contact lenses. Subject to protocols.	100% of the scheme rate. Paid from AFB, subject to a sub-limit of R1 650 PB and R4 750 PMF every second year. Subject to protocols.	100% of the scheme rate. Subject to PMSA.	PMBs only.
Frames	Sub-limit of R2 450 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 600 per frame. 1 frame PB per annum, included in lenses limit.	Sub-limit of R1 150 per frame. 1 frame PB every second year, included in lenses limit.	Sub-limit of R520 PB, included in optometry limit.	Sub-limit of R840 per frame. 1 frame PB every second year, included in lenses limit.	Subject to PMSA.	PMBs only.
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dietitians, chiropractors (X-rays excluded), audiologist, physiotherapy and biokinetics in-and-out of hospital. Subject to protocols (Combined limit in-and-out of hospital)	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R10 000 PMF, in- and-out of hospital.	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R7 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from PMSA and AFB. Collective limit of R5 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from Day-to-Day Benefit. Biokinetics and physiotherapy paid from Day-to-Day Extender Benefit, limited to a collective sub-limit of R4 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from AFB. Collective limit of R3 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from PMSA.	PMBs only.
Clinical psychologists	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R5 200 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 420 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R1 950 PMF.	100% of the scheme rate. Limited to Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R1 700 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.
Surgical and medical appliances e.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation required.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA and AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to Day-to-Day Benefit.	100% of the scheme rate. Sub-limits and protocols apply. Subject to AFB.	100% of the scheme rate. Sub-limits and protocols apply. Subject to PMSA.	PMBs only.
Psychiatry	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R17 500 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R10 300 PMF.	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R6 600 PMF.	100% of the scheme rate. Limited to Day-to-Day Benefit.	100% of the scheme rate. Paid from AFB up to a sub-limit of R4 400 PMF.	100% of the scheme rate. Paid from PMSA.	PMBs only.
Psychosocial counselling benefit	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk.						
Oxygen home ventilation - subject to PMBs and protocols. Pre-authorisation required.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to Day-to-Day Benefit.	100% of the scheme rate. Subject to AFB.	100% of the scheme rate. Subject to PMSA.	PMBs only.
Home nursing visits - Pre-authorisation required.	100% of the scheme rate. Limited to 60 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 40 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 30 days PMF. Subject to PMSA and AFB.	100% of the scheme rate. Limited to 25 days PMF. Subject to Day-to-Day Limit.	100% of the scheme rate. Limited to 20 days PMF. Subject to AFB.	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA.	PMBs only.
Ante-natal classes	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 400 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 300 per pregnancy.	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and a lactation consultation with a mid-wife and limited to R1 000 per pregnancy.	100% of the scheme rate. Antenatal classes limited to R900.	100% of the scheme rate. Subject AFB. Limited to 12 antenatal classes and a lactation consultation with a midwife and limited to R800 per pregnancy.	100% of the scheme rate. Subject to PMSA. Limited to 12 antenatal classes and a lactation consultation with a mid-wife.	No benefit
Ante-natal visits and scans - subject to protocols. Pre-authorisation required.	100% of the scheme rate. Limited to 12 ante-natal visits with a GP, Specialist or Midwife. Paid from risk. Foetal scans limited to 2 x 2D scans PB per year and can opt for a 3D scan (paid at the rate of a 2D scan). Maternity bag issued with registration on maternity programme.						

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Emergency roadside assistance and ambulance transportation provided by Netcare 911	100% of the scheme rate. In non-emergency cases, authorisation must be obtained from Netcare 911 at the time of transportation or within 24 hours thereof, failing which will result in a 25% co-payment.						
International travel: Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates.						
Hospital emergency room and casualty emergency visits not requiring admission. Excluding facility fees.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from PMSA and AFB.	Paid from Day-to-Day Benefit.	Paid from AFB.	Paid from PMSA.	PMBs only.
Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMBs.						
Emergency room child benefit	One additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 200 per event.						

WELLNESS BENEFITS

Wellness, lifestyle and preventative care All benefits are paid from risk, except where otherwise indicated	<p>GP wellness consultation: One visit PB per annum, excludes procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1.</p> <p>Blood pressure, blood sugar, cholesterol, BMI and waist circumference: One measurement PB over the age of 18 years, limited to R200 per event over the age of 18. Only at DSP pharmacy.</p> <p>Rapid HIV tests: 1 test PB per annum.</p> <p>Prophylaxis- malaria preventative medicine as required.</p> <p>Flu Vaccine: Once per annum PB.</p> <p>Tetanus vaccine: One injection when required.</p> <p>PSA (Prostate Specific Antigen): One test per male beneficiary over the age 40.</p> <p>Glaucoma test: One PB per annum.</p> <p>Pap smear: One test per female beneficiary over the age of 18 per annum.</p> <p>Mammogram: One test per female beneficiary over the age of 35 every second year.</p> <p>HPV (Cervical Cancer) vaccine: One course (3 doses per registered schedule) per female beneficiary between 12 and 18 years of age per lifetime.</p> <p>Adult pneumococcal vaccine PB as required, subject to pre-authorisation and protocols.</p> <p>Fitness Assessment and exercise prescription: Access to Universal Network biokineticists for annual fitness assessment, exercise prescription and regular monitoring.</p> <p>One additional assessment per pregnant women per pregnancy. Strict protocols apply.</p> <p>Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, healthy eating plan prescription and regular monitoring.</p> <p>One additional assessment per pregnant women per pregnancy. Strict protocols apply.</p> <p>Contraceptives: Limited to R2 750 PB per annum. For oral contraceptives, RP applies. For IUD benefit, device only.</p>
New-born to adult benefit. Subject to protocols	<p>Baby wellness visit: Two visits per annum for children between 4 weeks and 18 months at a DSP.</p> <p>Childhood immunisations: Applicable to children up to the age of 12 years, as per recommendation of the Department of Health.</p> <p>Unlimited GP visits and conservative dentistry per child younger than 6 years once day-to-day benefits are depleted.</p> <p>School readiness assessments: 5 – 7 years old Psychometric testing, 14 – 18 years, pre-school eye and hearing screening for children aged 5 and 6 Dental screening for children 5 – 7 years old.</p> <p>Fitkids: Fitness assessment and exercise prescription for children between 8 and 12 years with a Universal Network biokineticist. SporTeen: Fitness assessment and exercise prescription for children between 13 and 17 years with a Universal Network biokineticist.</p> <p>Nutrikids: Access to a Universal Network dietitian for nutritional assessments and assistance with a healthy eating plan for children from 8 years and older.</p>

* 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.

Co-Payments 2020

PROCEDURE (NON-PMB)	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Hospital cost only	R	R	R	R	R	R	R
Gastroscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Colonoscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Cystoscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Proctoscopy	-	-	R2 750	R3 620	R4 500	R4 500	R4 500
Nasal or sinus endoscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Functional nasal surgery and septoplasty	R2 000	R2 500	R8 300	R8 300	R8 300	R8 300	R8 300
Hysteroscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Flexible sigmoidoscopy	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Arthroscopy	R2 000	R2 500	R2 750	R5 550	R8 380	R8 380	R8 380
Minor gynaecological laparoscopic procedure	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Dental	R2 000	R2 500	R2 750	R3 620	R4 500	R4 500	R4 500
Excision lesion- benign and malignant	R2 000	R2 500	R1 360	R1 360	R1 360	R1 360	R1 360
Joint replacements- arthroplasty	R2 000	R2 500	R20 800	EXCLUDED	R31 200	R31 200	EXCLUDED
Conservative back and neck treatment- spinal cord injections	R2 000	R2 500	R15 600	EXCLUDED	R20 800	R20 800	EXCLUDED
Laminectomy and spinal fusion	R2 000	R2 500	R26 000	EXCLUDED	R36 400	R36 400	EXCLUDED
Nissen fundoplication- reflux surgery	R2 000	R2 500	R15 600	R18 200	R20 800	R20 800	R20 800
Hysterectomy, except for cancer	R2 000	R2 500	R10 400	R13 000	R15 600	R15 600	R15 600
Laparoscopic hemi colectomy	R2 000	R2 500	R4 080	R4 770	R5 460	R5 460	R5 460
Laparoscopic inguinal hernia repair	R2 000	R2 500	R2 750	R4 090	R5 460	R5 460	R5 460
Laparoscopic appendectomy	R2 000	R2 500	R2 750	R4 090	R5 460	R5 460	R5 460
Adenoidectomy, myringotomy- grommets, tonsillectomy	-	-	R3 480	R3 470	R3 470	R3 470	R3 470
Laparoscopy, hysteroscopy, endometrial ablation	-	-	R8 380	R8 380	R8 380	R8 380	R8 380

Scheme Specific Exclusions*: 2020

EXCLUSIONS

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

APPLICABLE TO THE MEDX OPTIONS:

- All joint replacements, except in the event of acute injury.
- All spinal surgery (including neck), except in the event of acute injury.
- Deep brain implants (e.g. for Parkinson's Disease) and internal nerve stimulators.
- Corneal transplants.
- Cochlear implants.
- Bunion surgery.

APPLICABLE TO THE SELSURE OPTION

- 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.

*Refer to page 21 for a list of scheme specific exclusions (Scheme rules apply).

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances: 2020

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
OVERALL ANNUAL LIMIT (OAL)		Annual	R46 960	R40 000	R35 200	R34 250	R32 850	R31 400	R30 500
2.1 Coronary artery stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Stents (max of 3)	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R12 250 per stent.						
	Medicated stents (max 3 stents)		Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R19 000 per stent.						
2.2 Other stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Abdominal aortic aneurysm stents	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Carotid stents		R28 000	R28 000	R28 000	R28 000	R28 000	R28 000	R28 000
	Renal stents		R5 250	R5 250	R5 250	R5 250	R5 250	R5 250	R5 250
	Aneurysm coils		R36 750	R36 750	R36 750	R36 750	R36 750	R35 175	R34 125
2.3 Heart valves etc. (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Heart valves (Mitral etc)	Annual	R25 000	R25 000	R25 000	R25 000	R25 000	R25 000	R25 000
2.4 Orthopaedic prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Hip prosthesis	Annual	R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Knee prosthesis		R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Shoulder prosthesis		R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Elbow prosthesis		R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Ankle prosthesis		R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Wrist prosthesis		R33 500	R33 500	R33 500	EXCLUDED	R31 000	R30 000	EXCLUDED
	Finger prosthesis		R21 000	R21 000	R21 000	EXCLUDED	R21 000	R21 000	EXCLUDED
	Spinal instrumentation – per level limited to 2 levels and 1 procedure per beneficiary per year		R24 000	R20 800	R18 700	EXCLUDED	R15 600	R10 400	EXCLUDED
	Spinal cages		R28 000	R26 000	R22 000	EXCLUDED	R18 000	R15 000	EXCLUDED
	Spinal implantable devices		Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	EXCLUDED	Subject to surgical internal prosthesis OAL	Subject to surgical internal prosthesis OAL	EXCLUDED
2.5 Artificial limbs (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Internal fixators for fractures	Annual	R27 300	R26 000	R20 800	R19 000	R18 720	R15 600	R15 600
	Through knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Below knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Above knee		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Partial foot		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Partial hand		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Below elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
2.6 Other prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Above elbow		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Intra ocular lenses	Annual	R4 300	R3 600	R3 120	R2 850	R2 800	R2 500	R2 500
	Bladder sling		R8 320	R8 320	R8 320	R8 320	R8 320	R8 320	R8 320
	Hernia mesh		R8 700	R8 700	R8 700	R8 700	R8 700	R8 700	R8 700
	Vascular grafts		R28 100	R28 100	R26 000	R22 500	R20 800	R15 600	R15 600

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SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
2.7 Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Single chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Dual chamber pacemaker		Subject to surgical internal prosthesis Overall Annual Limit (OAL)						
	Internal nerve stimulators		R112 000	R112 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)		R195 000	R195 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Insulin pumps		R23 100	R23 100	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
2.8 Surgical appliances (Subject to day-to-day benefits)	Overall limit	Annual	R32 320	R16 570	R11 600	R11 050	R10 500	Subject to PMSA	PMBs only
	Hearing aids	1 per year, 3 yearly interval	R22 100	R16 570	R10 000	R9 000	R8 000		
	Artificial eyes	5 year interval	R22 100	R16 570	R11 600	R11 050	R10 500		
	BP monitor	3 year interval	R665	R665	R665	R665	R665		
	Glucometer	3 year interval	R665	R665	R665	R665	R665		
	Humidifier	3 year interval	R275	R275	R275	R275	R275		
	Nebuliser	3 year interval	R550	R550	R550	R550	R550		
	Moonboot	Annual	R2 210	R2 210	R2 210	R2 210	R2 210		
	Elbow crutches	Annual	R665	R665	R665	R665	R665		
	CPAP machines	3 year interval	R9 945	R9 945	EXCLUDED	EXCLUDED	EXCLUDED		
	Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime	R9 725	R9 725	R9 725	EXCLUDED	EXCLUDED		
	Braces and callipers	Annual	R720	R720	R720	R720	R720		
	Rigid back brace	Annual	R5 525	R5 525	R3 000	EXCLUDED	EXCLUDED		
	Sling clavicle brace	Annual	R525	R525	R525	EXCLUDED	EXCLUDED		
	Wigs	Annual	R1 990	R1 990	R1 990	EXCLUDED	EXCLUDED		
	Bra's for breast prosthesis after mastectomies	2 per annum	R2 760	R2 760	R2 760	R1 000	R1 000		
	Breast prosthesis	Annual	R3 315	R3 315	R3 315	R1 000	R1 000		
	Commodes	3 year interval	R2 105	R2 105	R2 105	R1 000	R1 000		
	Wheelchairs	3 year interval	R4 420	R4 420	R4 420	R1 000	R1 000		
	Swivel Bath chairs	3 year interval	R1 700	R1 700	R1 700	EXCLUDED	EXCLUDED		
	Walking frames	3 year interval	R1 000	R1 000	R1 000	EXCLUDED	EXCLUDED		
	Rehabilitative foot orthotics	Annual	R3 315	R3 315	R2 000	R1 000	R1 000		EXCLUDE
2.9 Wearable devices	Wearable devices claimable only with a valid NAPPI code	Annual	Available savings up to a maximum of R3 000	Available savings up to a maximum of R3 000	Available savings up to a maximum of R3 000	EXCLUDE	EXCLUDE	Subject to PMSA	EXCLUDE
2.10 Stockings	Elastic stockings	Annual	R2 000	R1 500	R1 000	R800	R600	Subject to PMSA	PMBs only
	Full length stockings		R2 000	R1 500	R1 000	R800	R600	Subject to PMSA	
	Anti-embolic stockings		R2 000	R1 500	R1 000	R800	R600	Subject to PMSA	

Chronic Conditions Covered: Effective 1 January 2020

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Addison's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Allergic rhinitis	Yes	Yes	No	No	No	No	No
Angina	Yes	Yes	Yes	Yes	Yes	No	No
Ankylosing spondylitis	Yes	Yes	No	Yes	Yes	No	No
Anorexia nervosa	Yes	No	No	No	No	No	No
Asthma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Attention deficit disorder	Yes	Yes	Yes	No	No	No	No
Barrett's oesophagitis	Yes	No	No	No	No	No	No
Bechet's disease	Yes	Yes	No	No	No	No	No
Benign prostatic hyperplasia	Yes	No	No	No	No	No	No
Bipolar mood disorder*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bronchiectasis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bulimia nervosa	Yes	No	No	No	No	No	No
Cardiac arrhythmias *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cardiomyopathy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic renal failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Congestive cardiac failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conn's syndrome	Yes	No	No	No	No	No	No
Chronic obstructive pulmonary disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic bronchitis	Yes	Yes	Yes	Yes	Yes	No	No
Connective tissue disorders (mixed)	Yes	Yes	No	No	No	No	No
Coronary artery disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crohn's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cushing's syndrome	Yes	Yes	Yes	Yes	No	No	No
Cystic fibrosis	Yes	Yes	No	No	No	No	No
Deep vein thrombosis	Yes	No	No	No	No	No	No
Diabetes insipidus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes mellitus type 1 and 2 *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Epilepsy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generalised anxiety disorder	Yes	Yes	No	No	No	No	No
Glaucoma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gastro-oesophageal reflux disease	Yes	Yes	No	No	No	No	No
Gout/hyperuricemia	Yes	Yes	No	No	No	No	No
Haemophilia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HIV/AIDS *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone replacement therapy	Yes	Yes	Yes	Yes	Yes	No	No
Huntington's disease	Yes	Yes	No	No	No	No	No

CompCare Options and Benefits for 2020

CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Hypercholesterolemia/hyperlipidaemia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypertension *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypoparathyroidism	Yes	Yes	Yes	Yes	Yes	No	No
Hypothyroidism *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ischaemic heart disease	Yes	Yes	Yes	Yes	Yes	No	No
Migraine	Yes	Yes	Yes	No	No	No	No
Motor neuron disease	Yes	Yes	No	No	No	No	No
Multiple sclerosis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Muscular dystrophy	Yes	Yes	Yes	No	No	No	No
Myasthenia gravis	Yes	Yes	Yes	Yes	Yes	No	No
Narcolepsy	Yes	No	No	No	No	No	No
Obsessive compulsive disorder	Yes	Yes	No	No	No	No	No
Osteoarthritis	Yes	No	No	No	No	No	No
Osteoporosis	Yes	Yes	No	No	No	No	No
Paget's Disease of the Bone	Yes	Yes	Yes	Yes	No	No	No
Panic disorder	Yes	Yes	No	No	No	No	No
Paraplegia/quadriplegia	Yes	Yes	Yes	No	No	No	No
Parkinson's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes



CHRONIC CONDITIONS	PINNACLE	DYNAMIX	SYMMETRY	SELSURE	MUMED	UNISAVE	MEDX
Pemphigus	Yes	Yes	Yes	Yes	No	No	No
Peripheral Arteriosclerotic disease	Yes	Yes	No	No	No	No	No
Polyarthritis nodosa	Yes	Yes	Yes	No	No	No	No
Post-traumatic stress syndrome	Yes	Yes	Yes	No	No	No	No
Psoriasis/psoriatic arthritis	Yes	No	No	No	No	No	No
Pulmonary interstitial fibrosis	Yes	Yes	Yes	No	No	No	No
Rheumatoid arthritis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Schizophrenia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scleroderma (systemic sclerosis)	Yes	Yes	No	No	No	No	No
Stroke	Yes	Yes	Yes	Yes	Yes	No	No
Systemic lupus erythematosus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thrombocytopenic purpura	Yes	Yes	No	No	No	No	No
Ulcerative colitis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unipolar mood disorder/major depression	Yes	Yes	Yes	No	No	No	No
Valvular heart disease	Yes	Yes	Yes	No	No	No	No
Vertigo	Yes	Yes	Yes	Yes	Yes	No	No
Zollinger-Ellison syndrome	Yes	Yes	No	No	No	No	No
Total conditions covered	74	65	48	40	37	27	27



Exclusions and Limitations

Exclusions

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits (PMBs) as per regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

The following exclusions will apply to a member and/or his/her dependants, unless the particular exclusion is covered under the statutory PMBs:

1. Unless otherwise provided for or decided by the Board of Trustees, expenses incurred in connection with any of the following will not be paid by the scheme:

- 1.1 All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the scheme.
- 1.2 Subject to rule 8.4.1 of the main constitution, a general waiting period of 3 months will apply to a member and his dependants from the date of joining the scheme.
- 1.3 Subject to rule 8.4.2 of the main constitution, a condition specific waiting period of not more than 12 months in respect of pre-existing sickness conditions will apply to a member and his dependants from the date of joining the scheme.
- 1.4 All costs incurred during waiting periods and for conditions will not be disclosed.
- 1.5 Professional fees and expenses incurred by healthcare professionals:
 - After hours consultations according to member's choice.
 - Appointments not honoured by beneficiaries.
 - Charges for interest by health care providers, if due to member negligence.
 - Costs incurred for insurance medical purposes.
 - Fees for medical reports and motivations by any service provider, unless required by the scheme.
 - Discretionary conditions and services with hospital admissions not authorised.
 - Telephonic consultations with healthcare providers.
- 1.6 Costs for services rendered by:
 - 1.6.1 Persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or
 - 1.6.2 Any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.

- 1.7 Frail Care - accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill.
- 1.8 Holidays for recuperative purposes, whether deemed medically necessary or not.
- 1.9 All costs for rehabilitation for any particular sickness or condition, except for PMBs.
- 1.10 Private nursing fees in respect of both mother and child in postpartum cases.
- 1.11 Cosmetic procedures (Unless a PMB):
 - All costs for cosmetic procedures / treatment / medication, except if as a result of an accident, illness or disease.
 - The costs of breast reduction and enlargement operations are excluded, except in the case of a breast reconstruction after a radical mastectomy.
 - Abdominal lipectomy.
 - Face lift.
 - Genioplasty.
 - Blepharoplasty.
 - Hair removal or implants.
 - Periodontal plastic procedures for cosmetic purposes.
 - Removal of scars, tattoos by salabrasion, chemotherapy or any such skin abrasion.
 - Removal of skin blemishes, port wine stains (vascular birthmark).
 - Surgery related to transsexual procedures.
 - Otoplasty for bat ears.
 - Nasal reconstruction, including septoplasties, osteotomies and nasal tip surgery.
 - Sclerotherapy are subject to medical specialist motivation.
- 1.12 Dental procedures and treatments:
 - Dental extractions for non-medical purposes.
 - Bleaching of teeth that have not been root canal treated.
 - High impact acrylic dentures.
 - The cost of the use of gold in dentures.
 - Discretionary procedures – elective treatments and surgery for personal reasons and not directly caused and related to illness, accident or disease.
- 1.13 The treatment of artificial insemination of a person as defined in the Human Tissues Act, 1983 (Act 65 of 1983) except for PMBs.
- 1.14 In respect of infertility (PMB Code 902M), the following services are excluded:
 - Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF).
 - Gamete intrafallopian tube transfer (GIFT).
 - Zygote intrafallopian transfer (ZIFT).
 - Intracytoplasmic sperm injection (ICSI).

- 1.15 Circumcision, except in phimosis or evidence-based medical indications. Female oral contraceptives will not be covered from the Hospital Benefit, but may be claimed from savings or day-to-day risk benefits where applicable or available. Any other contraceptive devices or measures will not be covered.
- 1.16 Reversal of vasectomies or tubal ligation (sterilisation). Vasectomies and tubal ligation (sterilisation) are covered from the Hospital Benefits.
- 1.17 All costs related to the treatment, medication or surgical procedures of obesity, including bariatric surgery, gastric stapling, wiring of the jaw for weight loss purposes etc.
- 1.18 All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.
- 1.19 The purchase of:
 - Patent medicines and proprietary preparations
 - Applicators, toiletries and beauty preparations
 - Bandages, cotton wool and other consumable items
 - Patented foods, including baby foods (Unless a PMB)
 - Tonics, slimming preparations and drugs as advertised to the public
 - Household and biochemical remedies
 - Contraceptives, unless specifically provided for in the Medicine Formulary applicable to each respective medical scheme option and
 - Vitamins and minerals; (Unless a PMB)
 - Nutritional supplements and baby foods/milk substitutes
 - Anabolic steroids
 - Sunscreen agents
 - Skin lightening treatments
 - Sun glasses
- 1.20 Medication not registered by the Medicine Control Council, unless otherwise specified, e.g. homeopathic medicines which are covered in certain medical scheme options and subject to limits.
- 1.21 Travelling expenses incurred by members, excluding benefits covered by Emergency Medical Services in the event of an emergency medical condition.
- 1.22 All costs, which in the opinion of the Medical Advisor are not medically necessary or appropriate to meet the healthcare needs of the patient.
- 1.23 Medical examinations or inoculations initiated by the employer.
- 1.24 The utilisation of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the Medical Advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.

Exclusions and Limitations (continued)

1.25 Alternative and / or complementary health services that are not supported by evidence based medicine are excluded:

- Acupuncture
- Aromatherapy
- Ayurvedics
- Chelation therapy
- Colonic irrigation
- Iridology
- Masseurs
- Osteopathy
- Phytotherapy
- Reflexology
- Traditional medicine

1.26 Certain conditions relating to educational and / or psychological performance and / or behaviour, except for the PMBs:

- Behavioural problems.
- Concentration / learning / reading problems.
- Co-ordination abnormalities.
- Delayed speech development.
- Dyslexia.
- Sexual disorders.
- Career guidance.
- Marriage counselling.

1.27 Costs incurred for surrogate parenting.

1.28 Products, devices and appliances:

- Gum guards for sport purposes.
- Oral appliances specified for the treatment of headaches.
- APS / Tense Therapy Machines.
- Back rest and / or seats.
- Contact lens solutions.
- Chair seats, excluding wheelchair seats.
- Cushions.
- Disposable nappies.
- Face creams.
- Health shoes.
- Klaasvakie mattresses, mattresses or pillows.
- Linen savers and / or protectors and / or waterproof sheets.
- Prescription and non-prescription sunglasses.
- Protective gear.
- Sheep skins.
- Shoe inserts.
- Shower and bath rails.

1.29 All healthcare costs relating to medical procedures, prostheses or practices that may be new or deemed to be experimental, with insufficient evidence based outcomes are excluded.

2. Limitation Of Benefits

2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.

2.2 Members admitted during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of that particular financial year.

Unless otherwise decided by the Board of Trustees, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

3. Benefits Excluded Insofar As These Are Not Prescribed Under The PMB Benefits

3.1 Medicine and injection material

3.1.1 The following medicine, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

Any specialised drugs as defined by the managed care company (e.g. biological, tyrosine kinase inhibitors) that have not convincingly demonstrated a median overall survival advantage of more than 3 (three) months in locally advanced or metastatic solid organ malignant tumours, unless deemed cost effective for the specific setting, compared to standard therapy (excluding specialised drugs) as defined in established and generally accepted treatment protocols, for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer.

The scheme reserves the right to decline payment for any new medical technology, or investigational procedures, interventions, new drugs or medicines as applied in clinical medicine, including new indications for existing medicines or technologies unless they have demonstrated:

- Evidence based efficacy in clinical medicine.
- Affordability by the scheme.

3.1.2 Admission to hospital for the purposes of administering treatments which may be provided in a doctor's rooms.

3.1.3 MEDX and MEDX ED Options (hospital plan)

- Admission to hospital for the administration of drugs or medicines, excluding / unrelated to chemotherapy, which may be administered to a patient as an outpatient in the doctor rooms e.g. Aredia® infusions. Aclasta® injections, Avastin® injections etc.



Contributions Per Option Effective 1 January 2020 (All Values In Rand Unless Otherwise Specified)

PINNACLE	Principal Member	Adult Dependant	Child Dependant
Risk	5 671	4 415	1 570
Savings	1 330	1 035	368
Total monthly contribution	7 001	5 450	1 938
Annual Savings	15 960	12 420	4 416
Annual Threshold	22 250	17 100	5 900
Annual SPG	3 010	2 100	600

DYNAMIX	Principal Member	Adult Dependant	Child Dependant
Risk	4 540	3 545	1 266
Savings	738	577	206
Total monthly contribution	5 278	4 122	1 472
Annual Savings	8 856	6 924	2 472
Annual Threshold	17 885	13 720	4 860
Annual SPG	6 400	4 760	1 660

SYMMETRY	Principal Member	Adult Dependant	Child Dependant
Risk	3 755	2 928	1 060
Savings	417	325	117
Total monthly contribution	4 172	3 253	1 177
Annual Savings	5 004	3 900	1 404
AFB	4 560	3 530	1 260

SELSURE	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	3 458	3 452	865

MUMED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	3 317	2 585	933
Annual Flexi Benefit (AFB)	6 170	3 860	1 540

UNISAVE	Principal Member	Adult Dependant	Child Dependant
Risk	1 939	1 653	582
Savings	646	551	193
Total monthly contribution	2 585	2 204	775
Annual Savings	7 752	6 612	2 316

MEDX	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	2 150	1 990	694

Contributions Per Efficiency Discounted Option Effective 1 January 2020 (All Values In Rand Unless Otherwise Specified)

PINNACLE ED	Principal Member	Adult Dependant	Child Dependant
Risk	4 741	3 688	1 321
Savings	1 111	865	309
Total monthly contribution	5 852	4 553	1 630
Annual Savings	13 332	10 380	3 708
Annual Threshold	19 100	14 608	5 075
Annual SPG	3 010	2 100	600

DYNAMIX ED	Principal Member	Adult Dependant	Child Dependant
Risk	3 736	2 915	1 057
Savings	608	474	171
Total monthly contribution	4 344	3 389	1 228
Annual Savings	7 296	5 688	2 052
Annual Threshold	15 850	12 125	4 325
Annual SPG	6 400	4760	1 660

SYMMETRY ED	Principal Member	Adult Dependant	Child Dependant
Risk	3 166	2 464	889
Savings	351	273	98
Total monthly contribution	3 517	2 737	987
Annual Savings	4 212	3 276	1 176
AFB	3 750	2 900	1 022

MUMED ED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	2 693	2 096	747
Annual Flexi Benefit (AFB)	5 970	3 730	1 490

MEDX ED	Principal Member	Adult Dependant	Child Dependant
Total monthly contribution	1 652	1 652	517

Managed Care Initiatives

CompCare offers members a number of Managed Care initiatives, which are all designed to ensure that members receive quality healthcare at an affordable cost. These are:

1. Chronic medication pre-authorisation

Members are required to register chronic medication prescriptions with Universal to receive the chronic medication benefit. To register your chronic medication prescription with Universal, you, your doctor or your pharmacist need to contact Universal or send an e-mail. Application forms are no longer required.

2. Hospital utilisation management

Universal Care offers a complete hospital utilisation management service. It is the member's responsibility to ensure that all non-emergency hospital admissions are authorised.

These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. A penalty will apply for late requests for authorisations.

Emergency admissions must be authorised on the first working day after admission. There will be a penalty if the member does not obtain authorisation. This service also applies to oncology treatment.

3. Disease management

Universal Care offers a comprehensive disease management service, including HIV/AIDS counselling. This service is designed to empower members to manage their chronic conditions more effectively.

Members are provided with telephonic counselling, e-mail information, as well as on-line health and wellness information. This information can be communicated to the patient via: the disease management Call Centre, website, e-mail, fax, post and physical handout point.

All CompCare members and their dependants diagnosed with a chronic condition such as HIV/AIDS, asthma, diabetes, hypertension etc., should register on the Disease Management Programme. By registering, an individual will have access to personalised health and wellness information. Members are also invited to phone the disease management Call Centre should they wish to speak to a nurse counsellor.

4. Pathology management

Universal Care provides a service that ensures that the standard pathology guidelines are followed.

5. Specialised dentistry management

Universal Care offers a pre-authorisation service for all specialised dentistry. Prior to having specialised dentistry the member is required to obtain pre-authorisation.

6. Trauma expense recovery

Universal Care offers a service where medical expenses that are the liability of a third party are recovered for CompCare. In most cases these recoveries refer to road accidents where a third party was involved.

7. Emergency evacuation

Netcare 911 offers an emergency evacuation service that will transport members to the nearest hospital for treatment. Members have access to this benefit in and outside of the borders of South Africa (worldwide).

8. Medical advice, information and assistance

Netcare 911 personnel, including paramedics, nurses and doctors are available 24 hours a day to provide general medical information and advice. This is an advisory service as a telephone conversation does not

permit an accurate diagnosis.

In addition to general medical advice, Netcare medical operators can also guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need.

9. Fraud detection

Fraud is a major problem in South Africa and the healthcare arena is no exception. CompCare has been very successful in containing fraud by making use of a system of member and practitioner profiling and forwarding this information to a private investigation unit.

CompCare is committed to conducting healthy business practices with honesty and integrity, which ensures the continued and future success of the Scheme.

Fraud presents increasing challenges in our country. Too often, it is undetected and goes unreported, resulting in financial losses for schemes which eventually leads to the detriment of all members. CompCare is no different and have subscribed to a service that will enable all members to report fraud and other crime anonymously.

This service involves a Fraud Hotline, independently and anonymously managed by an external firm, Vuvuzela Hotline. Confidentiality and anonymity are guaranteed, and therefore, no member reporting suspected fraudulent activity will ever be identified.

What can be reported?

Toll free number:	080 111 4447
Fax:	086 672 1681
E-mail:	universal@thehotline.co.za
Website:	thehotline.co.za
WebApp:	thehotlineapp.co.za
Callback No (please call me's)	072 595 9139

How does it work?

Anyone can report their suspicion(s) through the Vuvuzela Hotline, using the following means of communication:

- Fraud
- Corruption
- Unethical behaviour
- Misuse of funds
- Procurement irregularities
- Bribery
- Maladministration

This is a 24/7/365 Fraud Hotline.

The Vuvuzela Hotline is part of CompCare's commitment to zero tolerance for dishonest and unethical behaviour.

Contact Details

Division	Contact company	Contact number	E-mail address	Postal address	Website
Ambulance (Netcare 911)	082 911	24 / 7 / 365	customer.service@netcare.co.za	P.O. Box 3455, Halfway House, 1685	netcare911.co.za
Call Centre	0861 222 777	Mon to Fri 7h00 to 19h00, Sat 08h00 to 13h00, Excl. Public Holidays	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Claims Submissions		24 / 7 / 365	claims@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Contributions	0861 222 777	Monday to Friday 08h00 to 17h00	contributions@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Disease management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Escalations	0861 222 777	Mon to Fri 7h00 to 19h00, Excl. Public Holidays	escalations@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
HIV/AIDS management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital account queries	011 208 1100	Monday to Friday 08h00 to 17h00	hospitalaccounts@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital pre-authorisation	0860 111 090	Mon to Fri 07h00 to 17h00, Sat 08h00 to 13h00, Excl. Public Holidays	preauthorisation@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Maternity management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	correspondence@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Medicine management	0861 222 777	Monday to Friday 08h00 to 17h00	chronicmedicine@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Membership	0861 222 777	Monday to Friday 08h00 to 17h00	membership@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Oncology management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	oncology@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Psychosocial Counselling	0800 390 003 (Toll free) or "Please call me" number: *134*952#	24 / 7 / 365		Private Bag X49, Rivonia, 2128	universal.co.za
Trauma expense recovery (MVA)	0861 208 1168	Monday to Friday 07h30 to 16h30	trauma@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Universal 360°	086 155 LIVE (5483)	Monday to Friday 08h00 to 17h00	360@universal.co.za	Private Bag X49, Rivonia, 2128	universal360.co.za

Member Guide

1. Rules of the scheme

The scheme is governed by a set of rules submitted to and approved by the Registrar for Medical schemes. All terms and conditions are set out in detail in the rules of the scheme, which can be viewed at the office of the administrator. The rules of the scheme always apply during a dispute resolution.

2. Membership

Who is eligible for membership?

Membership is open to any individual or company/group, except where the member ceases to be a permanent resident in the Republic of South Africa.

The scheme provides cover for all international students while studying in the Republic of South Africa.

2.1 Who can be registered as dependants?

- **A member's spouse or partner** – a person with whom the member is legally married, or has a two year or longer committed relationship akin to marriage, based on objective criteria of mutual dependency and a shared common household, married in terms of any law or traditional/customary marriage (marriage certificate/affidavit/suitable other certificate required).
- **Surviving spouse members** – continuation of a surviving spouse of the main member is allowed to continue on the medical aid, provided that they were registered at the time of the main member's death (marriage and death certificate required).
- **A child under the age of 27** – is not in receipt of a regular remuneration of more than the maximum social pension per month, or a child of any age due to being mentally or physically challenged, is a dependent of the member, or legally adopted child/children placed in your care and custody by virtue of a court order (legal proof required).
- **Full time student** – Proof of registration of current year is required from a secondary or recognised tertiary institution and each year thereafter, in order for the dependant to qualify at child rates, to a maximum of up to 27 years, thereafter Committee approval is required each year.
- **Part time students** – an affidavit is required, stating that the child is unemployed and financially dependent on the principal member. Proof of registration as a student is required from the recognised institution. The dependant will be billed at adult rates.
- **Unemployed child** – (up to a maximum age of 27) who is unemployed and financially dependent on the principal member, (affidavit required).
- **Disabled / mentally challenged** – full medical report required upon application in order to qualify at child dependant rates.

2.2 How are waiting periods applied?

Prospective members are required to disclose all details in full of any sickness or medical condition for which medical advice, diagnosis, care or treatment was recommended and/or received prior to the twelve months period ending on the date of which application is made.

Waiting periods are applied when members join the scheme or are registered as dependants according to the following instances:

- If you have never been a member/dependant or not covered on a medical scheme for a period of more than 90 days immediately before applying to the scheme, the scheme may impose a general

waiting period of three months and twelve months condition specific waiting on any /all pre-existing medical conditions. This will also be applicable to Prescribed Minimum Benefits.

- If you have been on a medical scheme for a period of less than 24 months and you apply for membership within the three months of termination from the previous medical scheme, a condition specific waiting period for twelve months will apply. If the beneficiary suffers from any pre-existing condition, the scheme may impose any unexpired balances by the previous scheme. The beneficiary will be entitled to the Prescribed Minimum Benefits.
- If you have been on a medical scheme for a period of more than 24 months and apply for membership within the three-month period from termination from the previous medical scheme, the general waiting period of three months will apply. You will be entitled to the Prescribed Minimum Benefits.

When does the benefit year start?

The scheme's benefits year begins as at 1 January and ends as at 31 December of that year. This means that if you join the scheme on 1 January you are entitled to the full allocation of the year's benefits and limits. However, if you join the scheme during the benefit year, you are only entitled to pro-rated benefits and limits, meaning that you are only entitled to a time-appropriate proportion of the benefits and limits.

Please note: You have the opportunity to review and change your choice of plan, three months prior to the beginning of each benefit year. Once you have selected a plan for the benefit year, you cannot change your plan during that benefit year.

2.3 Proof of membership

Every member shall be furnished with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or should be admitted to a hospital. You therefore need to ensure that your card is kept secure at all times in order to prove membership.

2.4 How do I go about changing my details?

Complete a Member Update Information form, available from our offices on 0861 222 777, or obtainable from our website (compcare.co.za). A member must notify the scheme within 30 days of any change of address, including the domicilium citandi et executandi (address at which legal proceedings maybe instituted).

The scheme shall not be held liable if a member's rights are prejudices or forfeited as a result of the member neglecting to comply with the requirements of this rule.

2.5 Late joiner penalties

Late joiner penalties are applicable to an applicant or adult dependant of an applicant, who at the date of application for membership or admission as a dependant is older than the age of 35 years, depending on the number of years that they have not belonged to a registered South African medical scheme. This excludes beneficiaries who enjoyed coverage with one or more medical schemes as from the date proceeding, 1 April 2001, without a break in coverage exceeding three consecutive months since the 1 April 2001. Penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not exceed the following bands:

Penalty bands	Maximum penalty
1 - 4 years	0.05 x contribution
5 - 14 years	0.25 x contribution
15 - 24 years	0.50 x contribution
25 + years	0.75 x contribution

The penalty is calculated as per the following formulas:

$$A = B (35 + C)$$

Where:

A = number of years in the penalty band column, *B* = age of the applicant at the time of application,

C = the number of years of creditable coverage

2.6 Complaints and disputes:

Members may lodge their complaints telephonically, or in writing, to the scheme. The scheme's dedicated telephone number for dealing with telephonic complaints is **0861 222 777**.

Call Centre agents will assist the member immediately if possible. All unresolved telephonic complaints or complaints received in writing will be responded to by the scheme in writing within 30 days of receipt thereof. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such member and the scheme or an officer of the scheme, must be referred by the principal officer to a disputes committee (appointed by the Board of Trustees) for adjudication.

On receipt of a request in terms of this rule, the principal officer must convene a meeting of the disputes committee by giving not less than 21 days notice in writing to the complainant and all the members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

The disputes committee may determine the procedure to be followed. The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative.

An aggrieved person has the right to appeal to the Council for Medical Schemes against the decision of the disputes committee. Such appeal must be in the form of an affidavit and directed to Council and shall be furnished to the Registrar not later than three months after the date on which the decision concerned was made. See back cover page for contact details.



Member Guide (continued)

3. Contributions payable

The total monthly contributions payable to the scheme by or in respect of a member are as stipulated in the contribution tables in the scheme rules. It shall be the responsibility of the member to notify the scheme of changes in income that may necessitate a change in contribution. Contributions shall be due monthly in arrears or advance, as stipulated in the rules and payable by not later than the third day of each month.

Where contributions or any other debt owing to the scheme have not been paid within three days of the due date, the scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default. In the event that payments are brought up to date, and provided membership has not been cancelled, benefits shall be reinstated without any break in continuity subject to the right of the scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest on the arrear amount at the prime overdraft rate of the scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and any such benefit paid will be recovered by the scheme.

3.1 Savings

Your total annual savings contributions are advanced at the beginning of the benefit year (Jan to Dec) for the full calendar year (Jan to Dec). Termination of membership during the benefit year will result in savings being pro-rated. This pro-ration could result in savings contributions being owed to the scheme. Should you terminate your membership with the scheme, the savings balance is payable to the member or transferable to the new medical aid in the 6th month after resignation from the scheme.

3.2 Termination of membership

3.2.1 Resignation

A member who, in terms of his/her conditions of employment is required to be a member of the scheme, may not terminate his/her membership while he/she remains an employee without the prior written consent of his/her employer. A member of the scheme who resigns from the service of his/ her employer shall, on the date of such termination, be eligible to continue as an individual member without re-applying or the imposition of any new restrictions that did not exist at the time of his/her resignation.

3.2.2 Voluntary termination of membership

A member, who is not required in terms of his/her conditions of employment to be a member, may terminate his/her membership of the scheme by giving three months written notice. All rights to benefits cease after the last day of membership.

3.2.3 Deceased members

The dependants of a deceased member, who are registered with the scheme as his/her dependants at the time of such member's death, shall be entitled to continued membership of the scheme without any new restrictions, limitations or waiting periods. Where a child dependant/s has been orphaned, the eldest child may be deemed to be the member, and any younger siblings, the child dependant/s.



4. Members' portions

Members' portions arise when health care service providers are refunded in full by the scheme, but the member still has to cover the cost of a co-payment applicable to the particular benefit or where levies are imposed. Members can refund the scheme by cheque/electronic payment, payroll deduction (if part of an employer group) or make use of the convenience of a debit order.

5. Benefits

5.1 Choosing a benefit option

Members are entitled to benefits during a financial year, as per the rules of the scheme and such benefits extend through the member to his/her registered dependants. A member must, on admission, elect to participate in any one of the available options, detailed in the rules of the scheme.

If you are a member of an employer group, your choice may be limited to the options agreed on between you and your employer. If you join as an individual, you may choose any of the various options according to your needs and affordability.

5.2 Option changes

A member is entitled to change from one to another benefit option subject to the following conditions:

The change may be made only with effect from 1 January of any calendar year.

Application to change from one benefit option to another must be in writing and lodged with the scheme within the period notified by the scheme.

5.3 Pro-rated benefits

If members join the scheme later than 1 January during a specific year, pro rata annual benefits will apply until the end of the year. From 1 January the following year members will qualify for the full annual benefit.

6. How do I submit a claim?

Members are not required to complete a claim form. Simply sign all accounts and invoices and submit them directly to the scheme.

6.1 Electronic claims

Most service providers have the facility to submit claims electronically. These claims are then paid directly to the service provider, subject to the available limit, ensuring a very short processing turn-around-time. However it is the member's responsibility to ensure that the claim/s reaches the medical aid within the four month time period from date of treatment and to check remittances for accuracy and validity of the claims submitted by the service providers.

6.2 Email/scan

To ensure that claims are promptly processed, please ensure that your name, membership number and contact number/s are on the claims and must be legible. Claims must be submitted within the four-month period from date of treatment.

Email: claims@universal.co.za

Post: Universal Healthcare Administrators (Pty) Ltd
Private Bag X49
Rivonia, 2128

6.3 How does the claims process work?

Claims are settled on a weekly basis for payment to the service providers or members. Members will receive a monthly detailed statement of claim's transactions and of all payments made to the member and/or service providers. Kindly ensure that the scheme has your correct banking details to allow for electronic payment. It is ultimately the member's responsibility to ensure that claims are submitted timeously for payment.

Specialist/s

A referral must be obtained from your general practitioner for visits to specialists, with the exception of services provided by an ophthalmologist or gynaecologist, as well as a paediatrician for children under the age of two and urologist visit for males over 40. Failing to obtain a referral from your general practitioner will result in a 30% co-payment on the specialist account as well as on referrals to related services (such as pathology accounts, radiology accounts, physiotherapy etc.)

6.4 Over-the-Counter-Medicines (OTC)

This medicine is dispensed by a registered pharmacist, who may prescribe medication for minor ailments that do not require a general practitioner consultation and will alleviate a consultation fee that your GP will normally invoice you. Please consult your benefit guide for the OTC rules and limits, and if applicable on your option. This benefit will include any homeopathic medication.



This brochure is a summary of the benefits of CompCare Wellness Medical Scheme. All information relating to the 2020 CompCare Wellness 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. Administered by Universal Healthcare Administrators (Pty) Ltd

CompCare
Medical Scheme



Universal
Administrators

CONTACT DETAILS

CompCare contact details:
Universal House, 15 Tambach Road,
Sunninghill Park, Sandton
PO Box 1411, Rivonia, 2128

Tel: 0861 222 777 | **Fax:** 0866 450 991
E-mail: compcare@universal.co.za
Website: compcare.co.za

**Contact details for complaints escalated to
the Council for Medical Schemes:**
Tel: 0861 123 267
E-mail: complaints@medicalschemes.com
Web: medicalschemes.com

GLOSSARY

A	Adult Dependant	P	Principal Member
AFB	Annual Flexi Benefit	PB	Per Beneficiary
ATB	Above Threshold Benefit	PF	Per Family
C	Child Dependant	PMB	Prescribed Minimum Benefits
CDL	Chronic Disease List	PMF	Per Member Family
DSP	Designated Service Provider	PMSA	Personal Medical Savings Account
MMAP	Maximum Medical Aid Price	SPG	Self Payment Gap
OTC	Over the Counter Medicine	TTO	To Take Out (Medicine taken on discharge from hospital)