CompCare
Medical Scheme

2025 Benefit Guide

Putting your health and wellness on autopilot

Administered by Universal™

compcare.co.za

Overview

Real benefits

Maximise your benefits

Other info

This document provides a summary of the benefits. In the event of a dispute, the formal rules of CompCare Medical Scheme will take precedence (subject to approval by the Council for Medical Schemes). For members joining during the year, benefits will be allocated on a pro-rata basis for the remaining period of the year.

Universal Healthcare Administrators (Pty) Ltd is the administrator of CompCare Medical Scheme.

Overview

Why is CompCare a healthy choice?

Scan to apply online

Scan to speak to an independent adviser to join

Well-versed
With 45+ years' experience, CompCare offers medical aid cover to all South Africans.

Options for everyone
Select from a range of medical aid options specifically tailored to suit the healthcare needs of individuals, young couples, and families.

Cover for moms and babies
Get access to additional maternity, newborn, and toddler benefits.

Maximise your benefits
In addition to your day-to-day benefits, members receive wellness, preventative care and care maximiser benefits worth up to R40 000.

Quality care
Access to quality private healthcare via a network of 12 000+ providers nationwide.

Unlimited emergency transportation
By road and air in South Africa.

Comprehensive medical cover
All options include assistance to manage chronic conditions such as diabetes and hypertension.

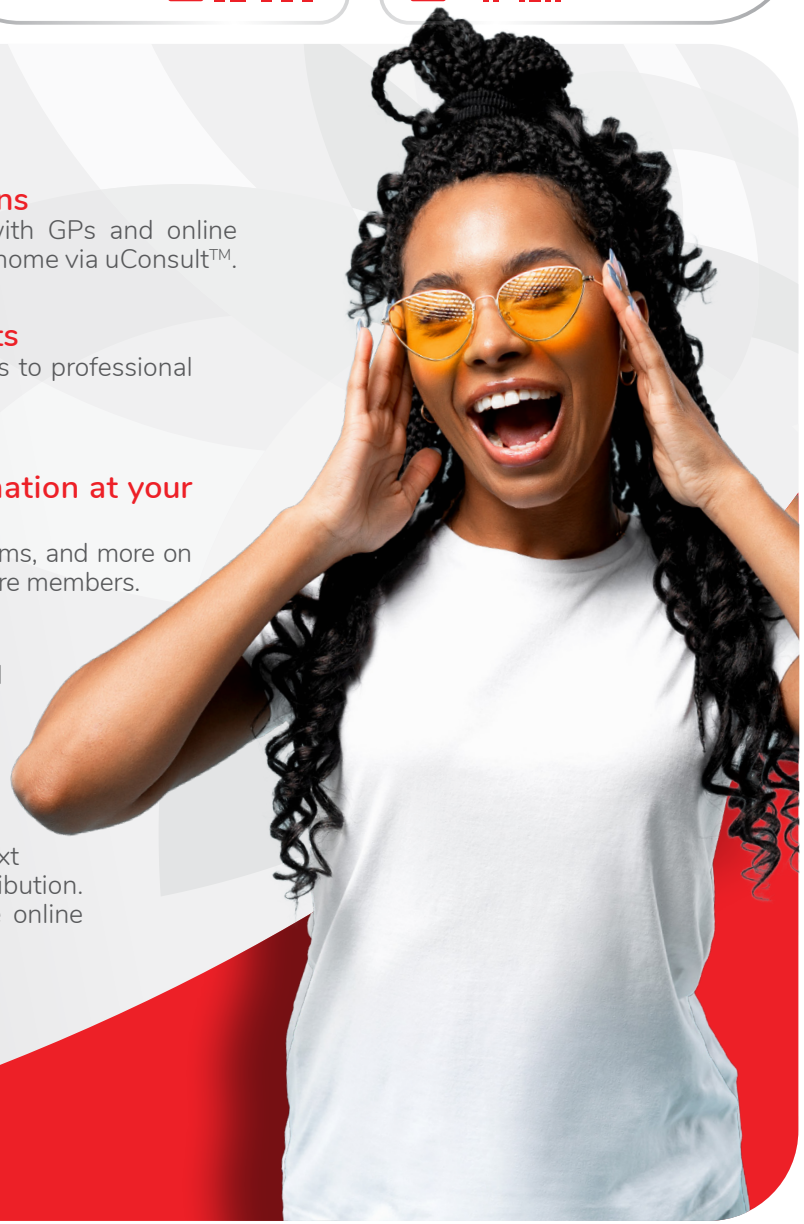
Convenient virtual consultations
Benefit from virtual consultations with GPs and online nurse chats from the comfort of your home via uConsult™.

Trusted mental health benefits
All benefit options offer 24/7 access to professional telephonic counselling.

All your medical aid information at your fingertips
View your membership details, claims, and more on the Universal.one App for CompCare members.

International cover
International emergency medical travel cover via Universal Rewards.

Instant cover
Regardless of the day of the month, we offer you instant next day cover at a prorated contribution. Simply join via our easy-to-use online application form.



Universal.one App

for CompCare members

Join CompCare via the app

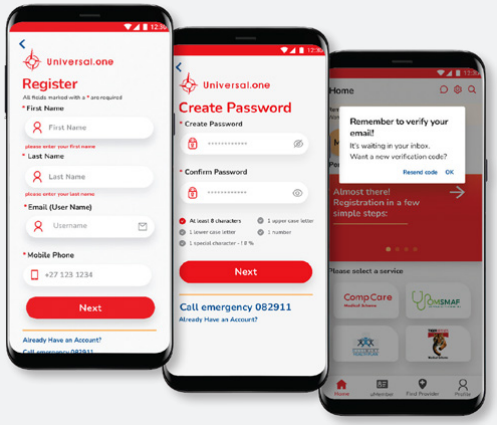
Download the app

Simply download the Universal.one App for CompCare members from the Apple App or Google Play store.

GET IT ON Google Play

Download on the App Store

Open the app, select Register and follow the step-by-step prompts to be automatically logged in.



Become a CompCare member now!

- **Apply in under 10 minutes**
  You can join CompCare Medical Scheme right now through a simple, quick and user-friendly process of completing an application on your smartphone.
- **Membership at midnight on the day of joining.**
  Once approved, you will immediately receive your membership number and digital membership card, and you can start enjoying the peace of mind that comes from being covered by the comprehensive benefits of CompCare.

Your member app in motion

Easily navigate your medical aid membership and your health journey

- Quick access to your digital membership card and membership details
- Register your chronic conditions and chronic medicine prescriptions
- Download and share membership certificates
- View, download and share your weekly and monthly statements
- Easily submit claims and track your medical scheme expenses
- Request hospital pre-authorisation prior to admission
- Tax certificates can easily be viewed, downloaded and shared
- Find your closest healthcare provider

Virtual consultations

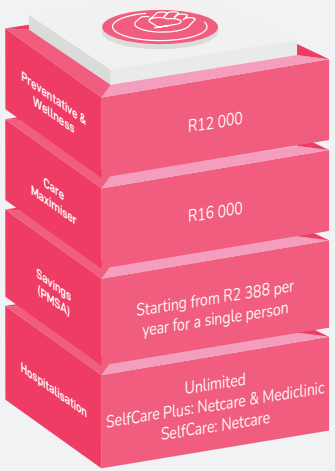
Via your app, the uConsult™ virtual consultation platform connects patients and healthcare providers in a convenient digital environment. An easy registration and booking system ensures ease of online access to a healthcare provider, saving you time and paperwork.

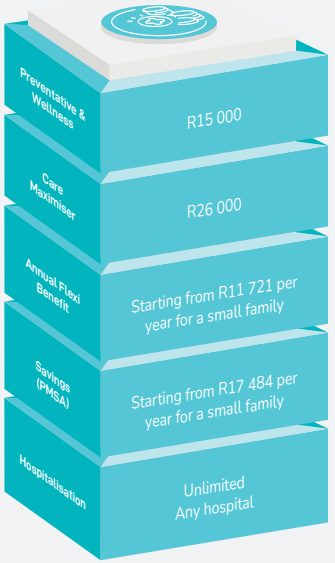
The AI Health Checker – uses a selfie to instantly measures your health

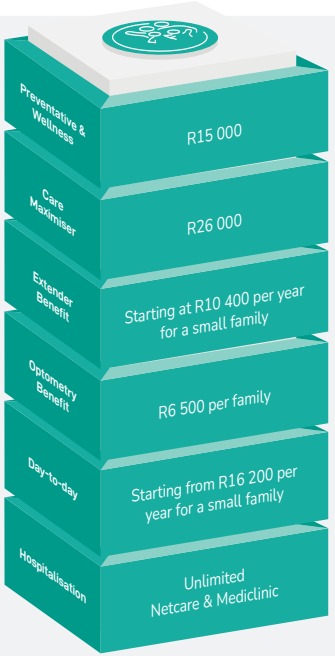
The revolutionary new AI Health and Wellness Measurement feature uses your phone's camera to deliver **medical-grade health insights in just 30 seconds** with a simple video selfie. Track vital signs including your heart rate, blood pressure, mental stress, and receive real-time feedback on your heart health, physical condition and mental well-being, as well as potential risks of disease. It's pro-active, convenient and personalised, putting your health and wellness on autopilot!

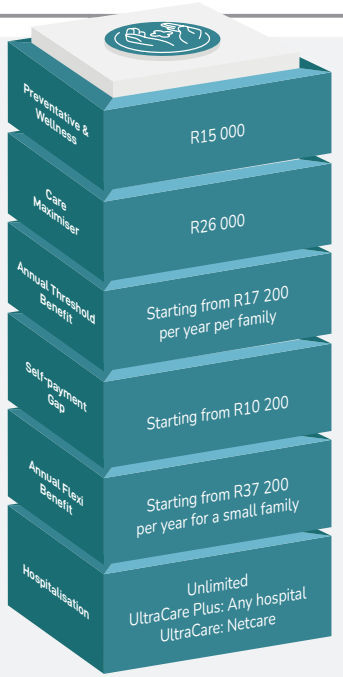
This product is for Investigational Use only.

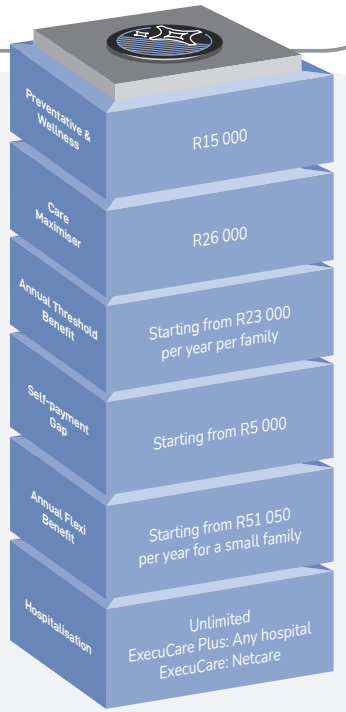
Summary of options











SelfCare /Plus

Are you a Gen Z or young professional looking for your first medical aid? The SelfCare Plus option offers unlimited hospital cover and a flexible savings account for day-to-day healthcare.

From R2 566 P/M.

SaverCare /Plus

Are you an up-and-coming executive or have a young family? SaverCare Plus provides private hospital cover, a savings account, and extra day-to-day cover. Plus, any unused savings roll over to the following year, keeping your family healthy.

From R3 999 P/M.

ExtraCare

Get comprehensive family cover with the ExtraCare option. Enjoy private hospitalisation plus out-of-hospital services and pooled day-to-day benefits, including an extra benefit for radiology, pathology, dentistry as well as optometry.

From R5 812 P/M.

UltraCare /Plus
UltraCare

The UltraCare range offers a traditional benefit structure that provides complete cover with unlimited hospitalisation and comprehensive day-to-day benefits. This option also includes a substantial Above Threshold Benefit.

From R7 518 P/M.

ExecuCare /Plus
ExecuCare

The ExecuCare range is ideal for those looking for elite cover with rich benefits including unlimited cover in private hospitals and wards, as well as superior day-to-day benefits. This option also offers an extensive Above Threshold Benefit.

From R9 766 P/M.

Your monthly contributions

With CompCare, your monthly contribution provides access to essential healthcare services including doctors' visits, hospital stays and medication. The amount depends on your chosen benefit option and the number of people covered.

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Principal member	R2 566 R256 of your contribution is used for your savings. Total annual savings of R3 072.	R3 999 R599 of your contribution is used for your savings. Total annual savings of R7 188.	R5 812	R7 518	R9 056	R9 766	R10 978
Adult dependant	R2 566 R256 of your contribution is used for your savings. Total annual savings of R3 072.	R3 340 R500 of your contribution is used for your savings. Total annual savings of R6 000.	R5 812	R6 766	R8 150	R8 789	R9 880
Child dependant*	R898 R89 of your contribution is used for your savings. Total annual savings of R1 068.	R1 198 R179 of your contribution is used for your savings. Total annual savings of R2 148.	R2 034	R2 631	R3 170	R3 418	R3 842

Family rates

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
	R5 132 Total annual savings of R6 144.	R7 339 Totatl annual savings of R13 188.	R11 624	R14 284	R17 206	R18 555	R20 858
	Designed for Gen Zs under 25, this option offers essential healthcare benefits for individuals and young couples. Families should consider options offering child benefits for peace of mind.	R8 537 Total annual savings of R15 336.	R13 658	R16 915	R20 376	R21 973	R24 700
		R9 735 Total annual savings of R17 484.	R15 692	R19 546	R23 546	R25 391	R28 542
		R10 933 Total annual savings of R19 632.	R17 726	R22 177	R26 716	R28 809	R32 384
+ free		R10 933 Total annual savings of R19 632.	R17 726	R22 177	R26 716	R28 809	R32 384

* Child rates apply until the end of the year in which the child turns 21 years. Members only pay for a maximum of 3 children.

Personal Medical Savings Account
(PMSA) explained

What is a PMSA?

Some benefit options include a personal medical savings account that helps cover day-to-day medical expenses.

How does it work?

- A portion of your monthly contributions is allocated to your PMSA.
- This PMSA is used to pay for your out-of-hospital medical expenses or selected co-payments.
- The annual PMSA is available upfront from the date you join.

Unused funds

- Any unused savings are carried over to the next year.
- These savings remain available as long as you remain a member of the Scheme.

Benefits of a PMSA

- Immediate access to funds for routine medical needs.
- You control how and when you use the savings.
- It helps manage out-of-pocket medical costs.

Which expenses does it cover?

You can use your PMSA for any essential medical expenses such as:

- Routine GP visits.
- Over-the-counter and prescription medication.
- Dental check-ups.
- Optometry services.
- Minor medical procedures.

What happens if the PMSA runs out?

Once your savings are depleted, you will need to pay for medical services or rely on additional benefits provided by your benefit option.

Read more about SelfCare /Plus

Read more about SaverCare /Plus

Real benefits

Day-to-day benefits

Day-to-day benefits cover routine healthcare costs such as GP visits, prescription medicine, dental check-ups, radiology, pathology and optometry. The level of cover varies per option, offering either comprehensive benefits for frequent care, or basic cover, ensuring a balance between healthcare needs and affordability.

How are these benefits covered?

Personal Medical Saving Account (PMSA)

A portion of your monthly contribution on SelfCare, SelfCare Plus, SaverCare Corporate, SaverCare Plus and SuperCare Corporate is allocated to your PMSA to cover your day-to-day medical expenses.

Annual Flexi Benefit (AFB)

The AFB is an insured benefit. Fixed amounts are provided by CompCare to cover day-to-day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions based on your chosen option. Certain options include a Personal Medical Savings Account (PMSA), from which claims are paid first. Once the PMSA is exhausted, the AFB insured benefit will become available.

Above Threshold Benefit (ATB)

CompCare's SuperCare Corporate option unlocks extra value through the ATB. Once your PMSA is depleted, you reach the Self-Payment Gap, where you are liable to fund your day-to-day expenses until you reach the Annual Threshold. The ATB provides additional benefit amounts for selected medical expenses. GP and specialist consultations, prescribed acute medication, radiology and pathology. These expenses accumulate to the Annual Threshold.

Day-to-Day Benefit

The ExtraCare option includes a Day-to-Day Benefit which covers routine healthcare expenses that occur on a daily basis. Examples of such expenses include:

- Doctor's consultations (GP and specialist visits)
- Prescription medication
- Minor medical procedures that don't require hospitalisation

Day-to-Day Extender Benefit

This benefit, on the ExtraCare option is available for out-of-hospital medical expenses which includes radiology, pathology, basic dentistry, physiotherapy and biokinetics.

SelfCare Plus	Principal Member	Adult Dependant	Child Dependant*
PMSA	Total annual savings of R3 072	Total annual savings of R3 072	Total annual savings of R1 068

SaverCare Plus	Principal Member	Adult Dependant	Child Dependant*
PMSA	Total annual savings of R7 188	Total annual savings of R6 000	Total annual savings of R2 148
AFB	R4 809	R4 020	R1 446

ExtraCare	Principal Member	Adult Dependant	Child Dependant*
Day-to-Day Benefit	R6 700	R4 700	R2 400
Day-to-Day Extender Benefit	R6 700 per beneficiary to a maximum of R10 440 per family.		
Optometry benefit	R6 500 per family.		

UltraCare and UltraCare Plus	Principal Member	Adult Dependant	Child Dependant*
AFB	R16 000	R12 000	R4 600
SPG	R10 200	R7 600	R2 800
Annual Threshold	R26 200	R19 600	R7 400
ATB	R9 660 per beneficiary to a maximum of R17 200 per family.		

ExecuCare and ExecuCare Plus	Principal Member	Adult Dependant	Child Dependant*
AFB	R22 050	R16 800	R6 100
SPG	R5 000	R3 000	R1 000
Annual Threshold	R27 050	R19 800	R7 100
ATB	R11 250 per beneficiary to a maximum of R23 000 per family.		

* Child dependants' amounts and rates apply until the end of the year in which the child turns 21 years old. A maximum of 3 children apply.

Day-to-day benefits: In detail

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Day-to-day benefits	10% PMSA	15% PMSA. **AFB:** All day-to-day benefits will first be paid from the PMSA (except for PMBs). Once the PMSA is depleted , it will be paid from the AFB: SaverCare Corporate P: R4 077 A: R3 405 C: R1 224 SaverCare Plus P: R4 809 A: R4 020 C: R1 446	**Day-to-Day Benefit:** Specified day-to-day benefits will be paid from the Day-to-Day Benefit: P: R6 700 A: R4 700 C: R2 400 Out-of-hospital radiology, pathology, basic dentistry, physiotherapy and biokinetics are paid from the Day-to-Day Extender Benefit to the amounts of: PB: R6 700 PMF: R10 440 Optometry benefit: R6 500 PMF.	**AFB:** Day-to-day benefits are first paid from the AFB: P: R16 000 A: R12 000 C: R4 600 (To a maximum of 3 children.) **SPG:** A self-payment gap is applicable once the AFB is depleted and before the Annual Threshold is reached. Thereafter the ATB becomes available. The annual SPG amounts are: P: R10 200 A: R7 600 C: R2 800 (GP and specialist consultations, prescribed acute medication, radiology and pathology will accumulate to the Annual Threshold and then paid from the ATB.) **ATB:** Once the Annual Threshold is reached, the following ATB amounts become available for specified day-to-day expenses: PB: R9 660 PF: R17 200	**AFB:** Day-to-day benefits are first paid from the AFB: P: R22 050 A: R16 800 C: R6 100 (To a maximum of 3 children.) **SPG:** A self-payment gap is applicable once the AFB is depleted and before the Annual Threshold is reached. Thereafter the ATB becomes available. The annual SPG amounts are: P: R5 000 A: R3 000 C: R1 000 (GP and specialist consultations, prescribed acute medication, radiology and pathology will accumulate to the Annual Threshold and then paid from the ATB.) **ATB:** Once the Annual Threshold is reached, the following ATB amounts become available for specified day-to-day expenses: PB: R11 250 PF: R23 000
General practitioner Virtual and face-to-face consultations, procedures and material costs.	100% of the scheme rate. Unlimited virtual consultations. Unlimited face-to-face consultations - R100 co-payment per consultation which can be funded from the PMSA. Pre-autherisation required after the 6th visit.	100% of the scheme rate. First paid from the PMSA, then the AFB once the PMSA is depleted.	100% of the scheme rate. Paid from the Day-to-Day Benefit.	100% of the scheme rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.	100% of the scheme rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.
Specialists	100% of the scheme rate. 2 Consultations PMF up to a maximum of R2 260. R120 co-payment per consultation which can be funded from the PMSA. Referral by a GP is required, and pre-authorisation applies to avoid a 35% co-payment.	100% of the scheme rate. First paid from the PMSA, then the AFB once the PMSA is depleted. Referral by a GP is required, and pre-authorisation applies to avoid a 35% co-payment.	100% of the scheme rate. Paid from the Day-to-Day Benefit. Referral by a GP is required, and pre-authorisation is required to avoid a 35% co-payment.	100% of the scheme rate. First paid from the AFB and SPG. Thereafter a limit of R5 200 PMF applies, subject to the overall ATB limit. Referral by a GP is required, and pre-authorisation is required to avoid a 35% co-payment.	150% of the scheme rate. Paid from the AFB, SPG and then from ATB. Accumulates to the Annual Threshold at 100% of Scheme tariff. Referral by a GP is required, and pre-authorisation is required to avoid a 35% co-payment.
Chronic medicines (27 CDL conditions)	100% of reference price. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	100% of reference price. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	100% of reference price. First paid from the Day-to-Day Benefit. The Scheme will cover the costs once the Day-to-Day Benefit is depleted. DSP pharmacies apply. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine and use of non-DSP pharmacy.	100% of reference price. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. DSP pharmacies apply to UltraCare. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP.	100% of reference price. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. DSP pharmacies apply to ExecuCare. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP.

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Medicine for non-CDL conditions	R160 PB per month for depression medicine. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine. Cover is also provided for the 27 listed CDL conditions.	No additional benefits for non-CDL chronic conditions. Cover is only provided for the 27 listed CDL conditions.	13 non-CDL conditions **(See page 27)** 100% of reference price. Paid from the Day-to-Day Benefit. DSP pharmacies apply. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine. Cover is also provided for the 27 listed CDL conditions.	38 non-CDL conditions **(See page 27)** 100% of reference price. First paid from available AFB and SPG. Thereafter a limit of R3 600 PMF applies, subject to the overall ATB limit. DSP pharmacies apply to UltraCare. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP. Cover is also provided for the 27 listed CDL conditions.	47 non-CDL conditions **(See page 27)** 100% of reference price. First paid from available AFB and SPG. Unlimited. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP. Cover is also provided for the 27 listed CDL conditions.
Acute medicines	100% of the scheme rate. Paid from the PMSA (except for PMBs). 25% co-payment on medicines where no generic is available. MMAP applies.	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. **AFB:** Limited to R2 000 PMF, subject to available AFB. 25% co-payment on medicines where no generic is available. MMAP applies.	Paid from the Day-to-Day Benefit. 25% co-payment on medicines where no generic is available. MMAP applies.	First paid from the AFB and SPG. Thereafter a limit of R3 490 PMF applies, subject to the overall ATB. 25% co-payment on medicines where no generic is available. MMAP applies.	Subject to the AFB, SPG and ATB. 25% co-payment on medicines where no generic is available. MMAP applies.
Over the counter medication and homeopathic medicines	100% of the scheme rate. Paid from the PMSA, including specified sports supplements, provided there is a valid NAPPI code.	100% of the scheme rate. Paid from the PMSA, including specified sports supplements, provided there is a valid NAPPI code. **AFB:** No benefit.	Paid from the Day-to-Day Benefit. Limited to R310 per event. MMAP applies.	100% of the scheme rate. Paid from the AFB. Limited to a maximum of R1 050 PB and R1 500 PMF and one prescription per day up to a maximum of R240 per event. MMAP applies. **ATB:** No benefit.	100% of the scheme rate. Paid from the AFB. Limited to a maximum of R1 250 PB and R1 800 PMF and one prescription per day up to a maximum of R315 per event. MMAP applies. **ATB:** No benefit.
Basic radiology Black and white X-rays and ultrasound	100% of the scheme rate. PB: R1 730 Tests are limited to the Universal Care Approved List of Radiology codes. 35% co-payment applies which can be funded from the available PMSA. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. **AFB:** Limited to R2 000 PMF, subject to available AFB. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the Day-to-Day Extender Benefit. Combined benefit with pathology, basic dentistry, biokinetics and physiotherapy to the amount of: PB: R6 700 PB to a maximum of R10 400 PMF. Combined in-and-out of hospital limit of R41 700 PMF. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the AFB and SPG. Thereafter a limit of R4 170 PMF applies subject to the overall ATB. ATB benefit amount combined with pathology. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the AFB and SPG, thereafter from the ATB. Referral by a GP is required to avoid a 35% co-payment.
All specialised radiology Including MRI and CT scans	100% of the scheme rate. Pre-authorisation and a medical motivation are required for MRI, CT and high-resolution CT scans. Limited to R23 000 PMF unless otherwise pre-authorised. R3 800 co-payment payable from the PMSA. Combined limit in-and-out of hospital.	100% of the scheme rate. Pre-authorisation and a medical motivation are required for MRI, CT and high-resolution CT scans. Limited to R30 000 PMF unless otherwise pre-authorised. R3 800 co-payment payable from the PMSA. Combined limit in-and-out of hospital.	100% of the scheme rate. Pre-authorisation and a medical motivation are required for MRI, CT and High-resolution CT scans. Limited to R30 000 PMF unless otherwise pre-authorised. R3 800 co-payment applies for each scan. Combined limit in-and-out of hospital.	100% of the scheme rate. Unlimited Pre-authorisation and medical motivation are required for MRI, CT and high-resolution CT scans. R3 800 co-payment applies for each scan.	100% of the scheme rate. Unlimited Pre-authorisation and medical motivation are required for MRI, CT and high-resolution CT scans. R3 800 co-payment applies for each scan.

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Pathology	100% of the scheme rate. Limited to the Universal Care Approved List of Pathology Codes. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 000 PMF, subject to available AFB. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the Day-to-Day Extender Benefit. Combined benefit with radiology, basic dentistry, biokinetics and physiotherapy of R6 700 PB to a maximum of R10 400 PMF. Combined in-and-out of hospital amount of R41 700 PMF. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the AFB and SPG. Thereafter a limit of R4 170 PMF applies subject to the overall ATB. ATB benefit amount combined with radiology. Referral by a GP is required to avoid a 35% co-payment.	100% of the scheme rate. Paid from the AFB and SPG, thereafter from the from the ATB. Referral by a GP is required to avoid a 35% co-payment.
Conservative dentistry Including consultations, preventative care, fillings, extractions including wisdom teeth, root canal treatment and infection control	100% of the scheme rate. Subject to the available PMSA. 1 consultation per beneficiary (PB) paid from risk.	100% of the scheme rate. First paid from the available PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 000 PMF subject to available AFB.	100% of the scheme rate. Paid from the Day-to-Day Extender Benefit. Combined benefit with radiology, biokinetics and physiotherapy to the amount of R6 700 PB to a maximum of R10 400 PMF.	100% of the scheme rate. Paid from the AFB. Limited to R4 700 PB and subject to available AFB. **ATB:** No benefits.	100% of the scheme rate. Paid from the AFB. Limited to R6 700 PB and subject to available AFB. **ATB:** No benefits.
Specialised dentistry Including maxillofacial and oral surgery- in-and-out of hospital combined benefit. (A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment for patients older than 18 is excluded.)	100% of the scheme rate. Paid from the PMSA.	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 000 PMF subject to available AFB.	100% of the scheme rate. Paid from the Day-to-Day Benefit. A co-payment of R2 080 applies.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R15 400 PB and R20 800 PMF. Subject to protocols. **ATB:** No benefits.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R18 000 PB and R24 000 PMF. Subject to protocols. **ATB:** No benefits.
Optometry visits	100% of the scheme rate. One eye test PB every 12 months paid from risk in addition to the PMSA. All other optometry visits are paid from the PMSA.	100% of the scheme rate. One visit PB every 12 months (from date of visit) paid from the PMSA. **AFB:** No benefit.	One visit PB every 24 months (from date of visit) included in the R6 500 PMF optometry benefit amount.	Paid from the AFB. Two visits PB per annum. **ATB:** No benefits.	Paid from the AFB. Two visits PB per annum. **ATB:** No benefits.
Lenses and contact lenses	100% of the scheme rate. Paid from the PMSA.	100% of the scheme rate. Paid from the PMSA. **AFB:** No benefit.	100% of the scheme rate. Sub-limit of R1 140 for lenses or contact lenses PB, included in the R6 500 PMF optometry benefit amount, every 24 months. Subject to protocols.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R4 800 PB. Subject to protocols. **ATB:** No benefits.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R5 900 PB. Subject to protocols. **ATB:** No benefits.

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Frames	100% of the scheme rate. Paid from the PMSA.	100% of the scheme rate. Paid from the PMSA. **AFB:** No benefit.	100% of the scheme rate. Available benefit of R650 PB, included in the R6 500 PMF optometry benefit amount, every 24 months.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R2 080 per frame. One frame PB every 12 months (from date of service), included in the benefit limit for lenses.	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R3 000 per frame. One frame PB every 12 months (from date of service), included in the benefit limit for lenses.
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dietitians, chiropractors (X-rays excluded), audiologists, physiotherapists and biokineticists.	100% of the scheme rate. Paid from the PMSA.	100% of the scheme rate. Paid from the PMSA. **AFB:** Limited to R2 000 PMF subject to available AFB. Combined in-and-out of hospital limit, subject to AFB limit.	100% of the scheme rate. Paid from the Day-to-Day Benefit. Biokinetics and physiotherapy are paid from the Day-to-Day Extender Benefit, limited to a collective sub-limit of R5 000 PMF, in-and-out of hospital.	100% of the scheme rate. Paid from the AFB. Subject to a combined sub-limit of R8 800 PMF, in-and-out of hospital. **ATB:** No benefit.	100% of the scheme rate. Paid from AFB. Subject to a combined sub-limit of R12 500 PMF, in-and-out of hospital. **ATB:** No benefit.
Clinical psychologists and psychiatry (GP referral required)`	100% of the scheme rate. Paid from the PMSA.	100% of the scheme rate. Clinical psychologists and psychiatry Non-PMBs treatments are paid from the PMSA. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme.	100% of the scheme rate. Limited to the Day-to-Day Benefit. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the Day-to-Day Benefit, thereafter it is covered by the Scheme.	100% of the scheme rate. **Clinical psychologists** Paid from the AFB, subject to a sub-limit of R3 100 PMF. **Psychiatry** Paid from the AFB, subject to a sub-limit of R13 050 PMF. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme.	100% of the scheme rate. **Clinical psychologists** Paid from the AFB, subject to a sub-limit of R6 260 PMF. **Psychiatry** Paid from the AFB, subject to a sub-limit of R22 960 PMF. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme.
Surgical and medical appliances E.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation is required.	100% of the scheme rate. Paid from the PMSA. Protocols apply.	100% of the scheme rate. First paid from PMSA, thereafter from the AFB. Sub-limits and protocols apply. **AFB:** Limited to R2 000 PMF and subject to available AFB.	100% of the scheme rate. Paid from the Day-to-Day Benefit. Sub-limits and protocols apply.	100% of the scheme rate. Paid from the AFB. Sub-limits and protocols apply.	100% of the scheme rate. Paid from the AFB. Sub-limits and protocols apply.
Psychosocial counselling benefit	Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to one-on-one sessions with qualified psychologists, social workers or registered counsellors to a maximum of 3 referral sessions PB per year.				
Oxygen home ventilation	100% of the scheme rate. For PMBs only. Subject to protocols and pre-authorisation.	100% of the scheme rate. First paid from the AFB. Subject to protocols and pre-authorisation.	100% of the scheme rate. Paid from the Day-to-Day Benefit. Subject to protocols and pre-authorisation.	100% of the scheme rate. Paid from the AFB. Subject to protocols and pre-authorisation.	100% of the scheme rate. Paid from the AFB. Subject to protocols and pre-authorisation.
Home nursing visits Nursing services by registered nurses or nursing assistants for the acute phase after hospitalisation or in lieu of hospitalisation (not for custodial or chronic care)	100% of the scheme rate. Paid from the PMSA. Subject to protocols and pre-authorisation.	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Subject to protocols and pre-authorisation.	100% of the scheme rate. Paid from the Day-to-Day Benefit. Subject to protocols and pre-authorisation.	100% of the scheme rate. Limited to 40 days PMF. Paid from the AFB. Subject to protocols and pre-authorisation.	100% of the scheme rate. Limited to 60 days PMF. Paid from the AFB. Subject to protocols and pre-authorisation.

Hospitalisation
and major benefits

Extensive hospital and major benefit cover ensure financial protection in case of medical emergencies, covering hospital stays, surgeries and other life-saving medical procedures. For any hospital stay, it is important to obtain pre-authorisation to avoid unnecessary out-of-pocket expenses. All hospital visits and related treatments are subject to case management, specialist programmes and Scheme protocols. These measures are put in place to ensure that members obtain quality, appropriate care at negotiated tariffs.

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Hospitalisation	100% of the scheme rate. SelfCare: Netcare hospitals SelfCare Plus: Netcare or Mediclinic hospitals. Subject to pre-authorisation and managed care protocols.	100% of the scheme rate. SaverCare Corporate: Netcare or Mediclinic hospitals. SaverCare Plus: Any private hospital. Subject to pre-authorisation and managed care protocols.	100% of the scheme rate. Netcare or Mediclinic hospitals. Subject to pre-authorisation and managed care protocols.	100% of the scheme rate. UltraCare Plus: Any private hospital. UltraCare: Netcare hospitals. Subject to pre-authorisation and managed care protocols.	100% of the scheme rate. ExecuCare Plus: Any private hospital. ExecuCare: Netcare hospitals. Subject to pre-authorisation and managed care protocols.
GPs and specialist treatment while in hospital.	Unlimited. 100% of the scheme rate. Subject to pre-authorisation and managed care protocols.	Unlimited. 100% of the scheme rate. Subject to pre-authorisation and managed care protocols.	Unlimited. 100% of the scheme rate. Subject to pre-authorisation and managed care protocols.	Unlimited. 100% of the scheme rate. Subject to pre-authorisation and managed care protocols.	Unlimited. Specialists paid at 150% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate.
Medication - only while in hospital	100% of scheme rate.				
Medication on discharge from hospital (TTO)	Limited to 7 days per discharge. Subject to Reference Pricing (RP) and formularies				
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R32 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R36 750. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R42 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R47 000. Sub-limits per category apply.	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R60 000. Sub-limits per category apply.
Auxiliary services such as physiotherapy, psychology, etc.	100% of the scheme rate. Limited to a collective sub-limit of R3 000 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. **A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation.** **A 20% co-payment will apply if not pre-authorised.**	100% of the scheme rate. Limited to a collective sub-limit of R3 500 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. **A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation.** **A 20% co-payment will apply if not pre-authorised.**	100% of the scheme rate. Limited to a combined sub-limit of R5 000 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. **A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation.** **A 20% co-payment will apply if not pre-authorised.**	100% of the scheme rate. Limited to a combined sub-limit of R8 800 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. **A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation.** **A 20% co-payment will apply if not pre-authorised.**	100% of the scheme rate. Limited to a combined sub-limit of R12 500 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. **A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation.** **A 20% co-payment will apply if not pre-authorised.**

Important to remember:
Always make sure you use a network hospital (where applicable) to avoid co-payments. Ask your specialist if they work in one of the network hospitals before you consult them to ensure that if needed, you are admitted to a network hospital. A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.

Hospitalisation and major benefits (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Psychiatric treatment in hospital	100% of the scheme rate. Subject to pre-authorisation, protocols and PMBs. Up to a maximum of 21 days' admission OR 15 consultations which will first be paid from the AFB (where applicable), thereafter it is covered by the Scheme.				
Psychology (non-psychiatric admissions)	Paid from the PMSA. Subject to pre-authorisation and protocols.	Limited to R2 190 per PMF. Subject to pre-authorisation and protocols.	Limited to R3 130 per PMF. Subject to pre-authorisation and protocols.	Limited to R4 470 PMF. Subject to pre-authorisation and protocols.	Limited to R5 740 PMF. Subject to pre-authorisation and protocols.
All specialised radiology Including MRI and CT scans	100% of the scheme rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R23 000 PMF unless otherwise pre-authorised. R3 800 co-payment payable from the PMSA. Combined limit in-and-out of hospital.	100% of the scheme rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans.. Limited to R30 000 PMF unless otherwise pre-authorised. R3 800 co-payment payable from the PMSA. Combined limit in-and-out of hospital.	100% of the scheme rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R30 000 PMF unless otherwise pre-authorised. R3 800 co-payment for each scan. Combined limit in-and-out of hospital.	100% of the scheme rate. Unlimited Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. R3 800 co-payment for each scan.	100% of the scheme rate. Unlimited. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. R3 800 co-payment for each scan.
Basic radiology	100% of the scheme rate. Unlimited Subject to protocols.	100% of the scheme rate. Unlimited Subject to protocols.	100% of the scheme rate. Unlimited Subject to protocols.	100% of the scheme rate. Unlimited Subject to protocols.	100% of the scheme rate. Unlimited Subject to protocols.
Pathology	100% of the scheme rate. Unlimited. Subject to protocols.	100% of the scheme rate. Unlimited. Subject to protocols.	100% of the scheme rate. Subject to scheme protocols. Combined in- and-out of hospital limit of R41 700 PMF.	100% of the scheme rate. Unlimited. Subject to protocols.	100% of the scheme rate. Unlimited. Subject to protocols.
Confinements	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.
Alcoholism, drug dependence and narcotics	Unlimited for PMBs. Subject to pre-authorisation and protocols.	Unlimited for PMBs. Subject to pre-authorisation and protocols.	Unlimited for PMBs. Subject to pre-authorisation and protocols.	Unlimited for PMBs. Subject to pre-authorisation and protocols.	Unlimited for PMBs. Subject to pre-authorisation and protocols.
Organ transplants, plasmapheresis, renal dialysis	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.

Important to remember:
Always make sure you use a network hospital (where applicable) to avoid co-payments. Ask your specialist if they work in one of the network hospitals before you consult them to ensure that if needed, you are admitted to a network hospital. A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, including all associated costs such as specialists, pathology, radiology etc.

Hospitalisation and major benefits (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Professional sports injuries	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.	100% of the scheme rate. Subject to pre-authorisation and protocols.
Oncology including chemotherapy and radiotherapy	100% of the scheme rate. Unlimited for PMBs at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.
Biologicals and specialised medication	Unlimited for PMBs. Subject to pre-authorisation and PMB protocols.	Unlimited for PMBs. Subject to pre-authorisation and PMB protocols.	Pre-authorisation required. R185 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R261 000 PMF. Protocols apply. 25% co-payment on non-PMB medicines.	Pre-authorisation required. R360 000 PMF. Subject to pre-authorisation and protocols.
Alternatives to hospitalisation					
Step-down nursing facilities, hospice, rehabilitation and home-based care in lieu of hospitalisation	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.
Surgical procedures out-of-hospital	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.
Refractive eye surgery	100% of the scheme rate. Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Subject to the available optometry benefit amount of R6 500 PMF.	Annual limit of R8 350 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: Hospitalisation and all related costs.	Annual limit of R9 390 per eye. Subject to pre-authorisation and protocols. Limit includes all services rendered: Hospitalisation and all related costs.
Wound care in lieu of hospitalisation	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.

Important to remember:
Always make sure you use a network hospital (where applicable) to avoid co-payments. For any procedures requiring a specialist, it's crucial to ensure that the specialist operates or attends to you at a network hospital. A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, including all associated costs such as specialists, pathology, radiology etc.

Maximise your benefits

Speciality healthcare bundles

To support and partner with you on your health journey, our speciality bundles have been designed to provide personalised healthcare benefit enhancements throughout every stage of your life. Tailored to the needs of children, men and women of all ages, it also offers support for an active lifestyle, emotional well-being, maternity and early childhood development to assist you in receiving the care you need exactly when you need it.

#Get healthy

Kids

CompCare takes special care of the little ones with our unique range of speciality health benefits.

- New-born hearing screening benefit
- New-born congenital hypothyroidism test
- Baby wellness visits
- Childhood immunisations
- School readiness assessments
- Pre-school eye, hearing, and dental screening
- One additional emergency room visit for children younger than 6 years
- Three additional paediatric consultations
- Unlimited GP consultations and basic dentistry for children younger than 6 years
- Initial occupational therapy consultation
- Kids' fitness assessment and exercise prescription programme
- Kids' nutritional assessment and healthy eating programme

Women

At CompCare, we're dedicated to the holistic health and wellness of women. Whether navigating the challenges of a professional career or managing the demands of a growing family, our range of benefits caters to their diverse needs.

- Antenatal classes and visits.
- Maternity bag
- Confinements including 2D ultrasound scans.
- Breast pump per pregnancy on options with a PMSA
- One additional nutritional and fitness assessment per pregnancy
- Contraceptives
- HPV (Cervical Cancer) vaccine
- Papsmear screening
- Mammogram
- Access to all Preventative Care benefits
- Access to all Active Lifestyle Programmes
- Access to all Emotional Wellness benefits

Men

We're tuned into the varied health and wellness needs of men. From young professionals leading dynamic active lives, to family men and seasoned executives, our speciality benefits enhance well-being at every relevant touchpoint.

- Prostate-specific antigen (PSA) blood test
- Access to all Preventative Care benefits
- Access to all Active Lifestyle Programmes
- Access to all Emotional Wellness benefits

Preventative care benefits

Prioritising the power of prevention over cure, we offer our members an extensive range of preventative care benefits that promote a proactive approach to maintaining good health, all paid from risk.

- Health check: Blood pressure, blood sugar, cholesterol, BMI and waist circumference
- Rapid HIV test
- Flu vaccine
- Tetanus vaccine
- Glaucoma test
- Colorectal cancer screening
- Lipogram

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA and Care Maximiser.

Speciality healthcare bundles (Continued)

#Get healthy

Emotional wellness

We recognise the profound impact of emotional well-being on overall health and ensure that our members receive comprehensive support and access to emotional wellness benefits.

- Psychiatric and psychological treatment in and out of hospital
- Alcoholism, drug dependence and narcotics
- Psychosocial counselling with unlimited telephonic counselling including 3 face-to-face sessions

Travel cover

Travel is about creating memories, not worries. We've developed benefits (paid from risk) that let you focus on your adventure, knowing we've got you covered for the unexpected.

- Preventative malaria medication
- Travel vaccinations such as Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal disease
- International Travel cover for emergency medical costs (via Universal Rewards)

Professional and adventure sports cover

For those who enjoy pushing life's boundaries with adventure and professional sports, we've designed a set of benefits to ensure you're covered against unexpected injuries.

- Specified sports supplements on options with a PMSA
- Wearable fitness and health monitoring devices on options with a PMSA
- Emergency search and rescue

Active lifestyle programmes

We help our members reach their fitness and well-being goals with our exercise prescription, nutritional assessment, and healthy eating plan benefits. CompCare supports your commitment to a healthy lifestyle by paying for these benefits from risk.

- Fitness assessment and exercise prescription: Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring
- Nutritional assessment and healthy eating plan: Access to the Universal Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA and Care Maximiser.

Care Maximiser

Unlock additional benefits with our Care Maximiser. Designed to help you stretch your benefits further, the Care Maximiser ensures that you get more value from CompCare - because your health deserves more.

Unlocking your Care Maximiser is easy.

To activate your Care Maximiser benefit, all you need to do is go for your essential health test.

All adult beneficiaries on your medical aid plan need to go for the following tests at any of our DSP pharmacies:

- Blood pressure measurement
- Blood sugar test
- Cholesterol test
- BMI and waist circumference

Options with a PMSA

The Care Maximiser will become available once the PMSA is depleted.

SelfCare /Plus SaverCare /Plus

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Two virtual consultations (including acute medicine) - Universal Network applies.		✓	✓	✓	✓
Unlimited nurse advice online chats.	✓	✓	✓	✓	✓
GP wellness consultation: One visit PB per annum - excluding procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1.	✓	✓	✓	✓	✓
Unlimited GP visits for children <6 years old.		✓	✓	✓	✓
Unlimited basic dentistry for children <6 years old.		✓	✓	✓	✓
Emergency room visit for children <6 years old.	To a maximum of R1 550 per event, if not a PMB				
Contraceptives up to the age of 55 years (Oral/ IUD device).	13 scripts to a maximum of R3 540, OR an IUD to a maximum of R3 540. This benefit will first be paid from the PMSA and the balance will be paid from the Care Maximiser.		13 scripts to a maximum of R3 540, OR an IUD to a maximum of R3 540.		
Covid benefit • Pulse Oximeter: R850 per family • Nebulizer: R550 per family • Thermal Thermometer: R450 per family	To the maximum value of R1 850.				
Home test bundle	Overall limit of R110	Overall limit of R350			
• One Covid test	✓	✓	✓	✓	✓
• One urinary tract test	✓	✓	✓	✓	✓
• One ovulation test		✓	✓	✓	✓
• One pregnancy test		✓	✓	✓	✓
Antenatal visits with a GP, specialist or midwife.	100% of the scheme rate. 8 antenatal visits. First paid from the PMSA.	100% of the scheme rate. 12 antenatal visits. First paid from the PMSA.	100% of the scheme rate. 12 antenatal visits.	100% of the scheme rate. 12 antenatal visits.	100% of the scheme rate. 12 antenatal visits.

Preventative care and wellness benefits

Enjoy the comprehensive preventative care and wellness benefits to proactively manage your health. From routine screenings and vaccinations to personalised nutrition plans and fitness support, we help you to stay healthy and prevent illness without having to use your day-to-day benefits.

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Total value in addition to your day-to-day benefits	R12 000	R15 000	R15 000	R15 000	R15 000	R15 000	R15 000
Essential health test Blood pressure, blood sugar, cholesterol, BMI and waist circumference: • One measurement per beneficiary over the age of 18 years, limited to R287 per event. Only at DSP pharmacy.	✓	✓	✓	✓	✓	✓	✓
Rapid HIV tests As required.	✓	✓	✓	✓	✓	✓	✓
Prophylaxis for malaria Preventative medicine as required.	✓	✓	✓	✓	✓	✓	✓
Flu Vaccine One per beneficiary per annum.	✓	✓	✓	✓	✓	✓	✓
Tetanus vaccine One injection when required.	✓	✓	✓	✓	✓	✓	✓
PSA (Prostate Specific Antigen) One test per male beneficiary over the age 40.		✓	✓	✓	✓	✓	✓
Bowel cancer screening test One test every 24 months (from date of service) for beneficiaries between the ages of 45 and 75.		✓	✓	✓	✓	✓	✓
Glaucoma test One per beneficiary per annum.		✓	✓	✓	✓	✓	✓
Lipogram One fasting lipogram per beneficiary over the age of 20 years. Once every five years.	✓	✓	✓	✓	✓	✓	✓
Pap smear One test per female beneficiary over the age of 18 per annum.	✓	✓	✓	✓	✓	✓	✓
Mammogram One test per female beneficiary over the age of 35 every second year.	✓	✓	✓	✓	✓	✓	✓
HPV (cervical cancer) vaccine One course per female beneficiary between 12 and 18 years of age per lifetime.		✓	✓	✓	✓	✓	✓
Adult and chidhood pneumococcal vaccine Per beneficiary as required, subject to pre-authorisation and protocols.	✓	✓	✓	✓	✓	✓	✓
Fitness assessment and exercise prescription • Access to Universal's Network of biokineticists for annual fitness assessments, virtual consultations, exercise prescription and regular monitoring. • One additional assessment per pregnant member per pregnancy. Strict protocols apply.	✓	✓	✓	✓	✓	✓	✓
Nutritional assessment and healthy eating plan • Access to Universal's Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription and regular monitoring. • One additional assessment per pregnant member per pregnancy. Strict protocols apply.	✓	✓	✓	✓	✓	✓	✓
Travel vaccinations such as Yellow Fever, Hepititis A, Rabies and Meningococcal disease Per beneficiary as required.	✓	✓	✓	✓	✓	✓	✓

Maternity benefits

for a growing family

At CompCare, we know that bringing a new life into the world is an exciting yet challenging time. Our maternity benefits are designed to provide you with the best possible care, from the early stages of pregnancy to welcoming your new baby, ensuring that you and your baby receive the care and support you need.

During your pregnancy

Receive up to **12 antenatal visits** with a GP, midwife, or gynecologist through your Care Maximiser benefits.

Choose **two 2D scans or opt for 3D scans** at a 2D scan rate.

Enjoy **8 to 12 antenatal classes and a lactation consultation** with a midwife, between **R1 500** and **R1 800** per pregnancy.

Get your **flu vaccination** during your pregnancy.

Get your **maternity bag** when registered on the maternity programme.

One additional **nutritional and fitness assessment** per pregnancy.

Childbirth benefits for a healthy start

- Visit any Netcare or Mediclinic hospital (as specified by your chosen benefit option), except for SaverCare Plus, UltraCare Plus and ExecuCare Plus.
- Get pre-authorisation for your hospital stay when you book your bed.
- Unlimited ambulance services are provided by Netcare 911 in case of emergencies.
- No overall annual limit applies.
- We cover both natural births and caesarean sections, as well as home deliveries.
- You will get cover for medicines to take home, once discharged, for seven days.
- Register your baby at CompCare within 30 days from birth to enjoy immediate cover.

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA and Care Maximiser.

Unlock additional value through the **maternity programme.**

Looking after our little ones

with tailored child benefits

At CompCare, we prioritise the well-being of your little ones with our exclusive range of specialised health benefits. You also get fitness support for teens. These are covered by the Scheme, ensuring your day-to-day benefits remain untouched.

Newborn screenings
Hearing screening and congenital hypothyroidism test.

Paediatric consultations
Three visits to track development and milestones.

Baby wellness visits
Two visits per year for children aged four weeks to 18 months at a DSP.

Childhood immunisations
According to Department of Health guidelines, children up to age 12.

Kids' active benefit
Fitness assessment and exercise plan for children aged 8-12 with a Universal Network biokineticist.

Kids' nutritional benefit
Access to a dietitian for assessments and a healthy eating plan for children aged 8-15.

School readiness assessments
Psychometric testing (ages 5-7), preschool eye and hearing screenings (ages 5-6), and dental screenings (ages 5-7).

SporTeen
Annual fitness assessment, virtual consultations, and exercise plan for children aged 13-17 with a Universal Network biokineticist.

Standard Immunisation List

Age	Vaccine(s)
At birth	• BCG (Tuberculosis vaccine) • Oral Polio Vaccine (OPV)
6 Weeks	• Oral Polio Vaccine (OPV) • Rotavirus Vaccine • Pneumococcal Conjugate Vaccine (PCV) • DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 1st dose)
10 Weeks	• DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 2nd dose)
14 Weeks	• Rotavirus Vaccine • Pneumococcal Conjugate Vaccine (PCV) • DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 3rd dose)
6 Months	• Measles Vaccine (1st dose)
9 Months	• Pneumococcal Conjugate Vaccine (PCV) • Varicella (Chickenpox) Vaccine
12 Months	• Measles Vaccine (2nd dose)
18 Months	• DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 4th dose)
6 Years	• Tetanus and Diphtheria (Td) Vaccine
9 Years	• Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine
12 Years	• TD Vaccine/ TDAP

Important to remember: Some of these benefits differ per option.

Healthy lifestyle benefits

Optimise your wellness with CompCare's nutrition and exercise benefits.

Find your perfect nutrition balance

Through the Universal Dietitian Network, CompCare offers three nutritional wellness benefits to support you and your family's health and well-being:

- **Nutritional assessment and healthy eating plan prescription**
  Get a personalised nutrition plan, including an annual assessment, weekly or monthly follow-ups, and progress monitoring with a Universal Network dietitian.
- **Kids' nutritional benefit**
  For children aged 8-15, this benefit includes an initial assessment, eating plan, and up to five follow-up consultations.
- **Pregnancy nutritional benefit**
  Receive advice and a personalised eating plan to support both you and your unborn baby with the best nutrition guidelines during pregnancy.

Exercise is medicine!

CompCare members have access to four exceptional fitness benefits designed to help you stay active and healthy, through the Universal Biokineticist Network:

- **Fitness assessment and exercise prescription**
  To support you in achieving your goals, you receive a fitness assessment, personalised exercise plan and monthly follow-ups with your Universal Network biokineticist.
- **Exercise from home benefit**
  Whether running, hiking, cycling, or engaging in other activities, get an individualised exercise programme with five optional follow-up consultations.
- **Kids' active benefit**
  For children aged 8-17, this benefit offers an initial assessment, personalised exercise plan and follow-up consultations at the Universal Network biokineticist's practice.
- **Pregnancy fitness benefit**
  Get your fitness plan specifically designed to support you during pregnancy, including assessments and virtual or face-to-face consultations.

Your CompCare cover
for medical emergencies

Ensuring you receive the care you deserve in critical moments

At CompCare, we understand that medical emergencies can happen when you least expect them. That's why we're committed to providing the support and cover you need during urgent, life-threatening situations. Whether it's a heart attack, serious accident, or life-threatening allergic reaction, we take away the financial stress so you can focus on what matters most - getting the right care, fast.

What is regarded as a medical emergency?

It is the sudden and unexpected onset of a health condition that demands immediate medical or surgical intervention. Without prompt treatment, it could lead to significant impairment of bodily functions, serious dysfunction of an organ or body part, or pose a severe risk to the person's life.

Examples of medical emergencies include:

- Heart attacks
- Strokes
- Life-threatening allergic reactions (anaphylaxis)
- Serious motor vehicle accident with life-threatening injuries
- Severe burns
- Poisoning

What does this mean for you?

The peace of mind that you are fully covered for medical emergencies. This means that if you or your loved ones experience a medical emergency, your treatment and care will be prioritised - no matter what your benefit option is.

CompCare covers the following:

- Emergency room
- Hospital account
- Radiology
- Pathology
- Specialists
- Blood transfusions
- Oxygen
- Any other related costs

The facility or admin fee is not covered.

Which hospitals are covered?

Each benefit option covers a specific list of hospitals, but when your life is at stake and none of these are nearby, an ambulance will take you to the nearest hospital for urgent care until you can be transferred to a network hospital, and these costs will be covered.

Authorisations:

Hospitalisation pre-authorisation is required, but with our 24-hour pre-authorisation call centre, you can easily secure approval at any time, day or night.

Remember:

- Download your membership card from the Universal.one App for CompCare members, so you always have it on hand in an emergency.
- For minor injuries or other ailments, costs will be covered from your available day-to-day benefits.

Ambulance services:

Call 082 911 for Netcare 911

- They will dispatch an ambulance to you, even from another ambulance service should that be required.
- CompCare will cover any necessary emergency air lifts.

Prescribed Minimum Benefits

What are PMBs?

Prescribed Minimum Benefits (PMBs) are a limited list of healthcare services that all medical schemes in South Africa must cover by law, outlined in the Medical Schemes Act (Act No. 131 of 1998). This means that CompCare members will receive benefits for the diagnosis, treatment, and care of specific medical conditions, including medical emergencies that are life-threatening and certain long-term (chronic) illnesses.

Steps to get PMB cover

1. If you need to be hospitalised, ensure that your specialist operates in a network hospital **where applicable,** unless it's an emergency.
2. Apply for pre-authorisation of the condition.
3. Familiarise yourself with the authorised medical treatment schedule, provided by CompCare.
4. Use a preferred pharmacy for chronic medication.

What are the listed chronic conditions?

The 27 Chronic Disease List (CDL) conditions in South Africa, which are covered under Prescribed Minimum Benefits (PMBs), include the following:

1. Addison's Disease
2. Asthma
3. Bipolar Mood Disorder
4. Bronchiectasis
5. Cardiac Failure
6. Cardiomyopathy
7. Chronic Renal Disease
8. Chronic Obstructive Pulmonary Disease (COPD)
9. Coronary Artery Disease
10. Crohn's Disease
11. Diabetes Insipidus
12. Diabetes Mellitus Type 1
13. Diabetes Mellitus Type 2
14. Dysrhythmia (Irregular Heartbeat)
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. HIV/AIDS
19. Hyperlipidaemia (High Cholesterol)
20. Hypertension (High Blood Pressure)
21. Hypothyroidism
22. Multiple Sclerosis
23. Parkinson's Disease
24. Rheumatoid Arthritis
25. Schizophrenia
26. Systemic Lupus Erythematosus (SLE)
27. Ulcerative Colitis

Chronic conditions covered

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Addison's disease *	✓	✓	✓	✓	✓	✓	✓
Allergic rhinitis				✓	✓	✓	✓
Angina			✓	✓	✓	✓	✓
Ankylosing spondylitis			✓	✓	✓	✓	✓
Anorexia nervosa						✓	✓
Asthma *	✓	✓	✓	✓	✓	✓	✓
Attention deficit disorder				✓	✓	✓	✓
Barrett's oesophagitis				✓	✓	✓	✓
Bechet's disease						✓	✓
Benign prostatic hyperplasia						✓	✓
Bipolar mood disorder *	✓	✓	✓	✓	✓	✓	✓
Bronchiectasis *	✓	✓	✓	✓	✓	✓	✓
Bulimia nervosa						✓	✓
Cardiac arrhythmias *	✓	✓	✓	✓	✓	✓	✓
Cardiomyopathy *	✓	✓	✓	✓	✓	✓	✓
Chronic renal failure *	✓	✓	✓	✓	✓	✓	✓
Congestive cardiac failure *	✓	✓	✓	✓	✓	✓	✓
Conn's syndrome						✓	✓
Chronic obstructive pulmonary disease *	✓	✓	✓	✓	✓	✓	✓
Chronic bronchitis			✓	✓	✓	✓	✓
Connective tissue disorders (mixed)				✓	✓	✓	✓
Coronary artery disease *	✓	✓	✓	✓	✓	✓	✓
Crohn's disease *	✓	✓	✓	✓	✓	✓	✓
Cushing's syndrome			✓	✓	✓	✓	✓
Cystic fibrosis				✓	✓	✓	✓
Deep vein thrombosis						✓	✓
Diabetes insipidus *	✓	✓	✓	✓	✓	✓	✓
Diabetes Mellitus type 1 *	✓	✓	✓	✓	✓	✓	✓
Diabetes Mellitus type 2 *	✓	✓	✓	✓	✓	✓	✓
Emphysema			✓	✓	✓	✓	✓
Epilepsy *	✓	✓	✓	✓	✓	✓	✓
Generalised anxiety disorder				✓	✓	✓	✓
Glaucoma *	✓	✓	✓	✓	✓	✓	✓
Gastro-oesophageal reflux disease				✓	✓	✓	✓
Gout/hyperuricemia				✓	✓	✓	✓
Haemophilia *	✓	✓	✓	✓	✓	✓	✓
HIV/AIDS *	✓	✓	✓	✓	✓	✓	✓
Hormone replacement therapy			✓	✓	✓	✓	✓

Chronic conditions covered (Continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Huntington's disease				✓	✓	✓	✓
Hypercholesterolemia/hyperlipidaemia *	✓	✓	✓	✓	✓	✓	✓
Hypertension *	✓	✓	✓	✓	✓	✓	✓
Hypoparathyroidism			✓	✓	✓	✓	✓
Hypothyroidism *	✓	✓	✓	✓	✓	✓	✓
Ischaemic heart disease			✓	✓	✓	✓	✓
Migraine				✓	✓	✓	✓
Motor neuron disease				✓	✓	✓	✓
Multiple sclerosis *	✓	✓	✓	✓	✓	✓	✓
Muscular dystrophy				✓	✓	✓	✓
Myasthenia gravis			✓	✓	✓	✓	✓
Narcolepsy						✓	✓
Obsessive compulsive disorder				✓	✓	✓	✓
Osteoarthritis						✓	✓
Osteoporosis				✓	✓	✓	✓
Paget's Disease of the Bone			✓	✓	✓	✓	✓
Panic disorder				✓	✓	✓	✓
Paraplegia/quadriplegia				✓	✓	✓	✓
Parkinson's disease *	✓	✓	✓	✓	✓	✓	✓
Pemphigus			✓	✓	✓	✓	✓
Peripheral Arteriosclerotic disease				✓	✓	✓	✓
Polyarthritis nodosa				✓	✓	✓	✓
Post-traumatic stress syndrome				✓	✓	✓	✓
Psoriasis/psoriatic arthritis						✓	✓
Pulmonary interstitial fibrosis				✓	✓	✓	✓
Rheumatoid arthritis *	✓	✓	✓	✓	✓	✓	✓
Schizophrenia *	✓	✓	✓	✓	✓	✓	✓
Scleroderma (systemic sclerosis)				✓	✓	✓	✓
Stroke			✓	✓	✓	✓	✓
Systemic lupus erythematosus *	✓	✓	✓	✓	✓	✓	✓
Thrombocytopenic purpura				✓	✓	✓	✓
Ulcerative colitis *	✓	✓	✓	✓	✓	✓	✓
Unipolar mood disorder/major depression				✓	✓	✓	✓
Valvular heart disease				✓	✓	✓	✓
Vertigo			✓	✓	✓	✓	✓
Zollinger-Ellison syndrome				✓	✓	✓	✓
Total conditions covered	**27**	**27**	**40**	**65**	**65**	**74**	**74**

Mental health

We live in an increasingly stressful environment, with mental health illness fast becoming one of the most common health conditions. You and your family can rely on us for support when you need it through comprehensive mental health and wellness benefits, including psychiatric and psychological benefits, face-to-face and telephonic counselling.

Why mental health matters

Mental health determines how we feel, think and act, influencing our social interaction, our ability to cope with daily demands and to make healthy choices.

Untreated, it profoundly impacts our overall health, contributing to chronic conditions such as heart disease, stroke and even our ability to function in society.

Causes of mental health illness

Adverse circumstances commonly contribute to the prevalence of anxiety and depression, but mental health illness can be caused by a combination of factors, including:

- Biological factors such as an imbalance in brain chemicals.
- Feeling lonely and isolated.
- Traumatic experiences such as the loss of a loved one, an accident, injury, chronic pain or illness, or any other life-changing occurrence.
- Feeling lonely and isolated.
- Drug and alcohol abuse.
- Genetic predisposition.

Benefits to support you

You are not alone – you can access these life-changing services:

- Psychiatric and psychological treatment in and out of hospital.
- Treatment for alcoholism, drug dependence and narcotics.
- Psychosocial counselling:
  - Unlimited telephonic counselling paid from risk.
  - Referral to up to 3 face-to-face sessions per beneficiary per year with qualified psychologists, social workers or registered counsellors.

OPEN

Available 24/7

Provided by registered professionals

Confidential

Call toll free on **0800 390 003** or send a "Please call me" to ***134*952#**

Care programmes

CompCare offers members support through various care programmes and services designed to ensure that members receive quality care at affordable rates, assistance when needed and support when dealing with illness and emergencies.

Chronic medicine pre-authorisation

To receive your chronic medicine benefits, you, your doctor or your pharmacist should contact Universal Care to apply for chronic benefits. Application forms are no longer required.

Unlimited emergency transportation

By road and air in South Africa.

Hospital stay management

A complete hospital management service is provided by Universal Care, ensuring that you can pre-authorise planned admissions to hospitals in line with your chosen benefit option at least 48 hours in advance.

Hospital at home benefit

Partnering with Quromed allows CompCare to provide you with the option of receiving care for certain illnesses in the comfort of your own home, instead of being admitted to hospital. Your treating doctor will need to provide us with a referral for the pre-authorisation of this benefit, which will include close monitoring of the patient and physical as well as virtual care provided by a dedicated team of doctors, nurses and other healthcare professionals.

Disease management

Designed to empower all members to effectively manage their chronic conditions, Universal Care offers a comprehensive disease management service. The service offers personal telephonic counselling, as well as personalised health and wellness information via your preferred communication medium.
Should you be living with a chronic condition such as asthma, diabetes, hypertension, HIV/Aids, etc, please register on the Disease Management Programme to receive the support you need.

Oncology care

There when you need it most, Universal Care will handle the pre-authorisation of your oncology treatment plan to allow you to concentrate on getting well.

Medical advice, information and assistance

Netcare 911's operators, including paramedics, nurses and doctors, are available 24/7 to provide you with general medical information and advice, guide you through a medical crisis, provide emergency advice and the support you need.

Care programmes (continued)

Pathology management

Universal Care provides a service that standard pathology guidelines are followed to ensure appropriate care.

Trauma expense recovery

Universal Care offers a service for the recovery of medical expenses that are the liability of a third party. In most cases, this is relevant to motor vehicle accidents involving a third party.

Specialised dentistry management

Universal Care offers a pre-authorisation service which is required prior to receiving specialised dentistry.

Fraud detection

CompCare is committed to sound business practices to ensure the continued and future success of the Scheme. Containing fraud and unethical practices through monitoring claim trends, detecting and investigating irregularities have been highly effective. As part of CompCare's commitment to healthy practice, the Scheme encourages members to report suspected fraud or crime anonymously to an independent, external firm via the Vuvuzela Hotline.

Report suspicions of fraud, corruption, unethical behaviour, misuse of funds, procurement irregularities, bribery or maladministration 24/7 to the fraud hotline:

Toll-free number: 080 111 4447
E-mail: universal@thehotline.co.za
Website: the hotlineapp.co.za
Callback: 072 595 9139
("Please call me")

Other info

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances: 2025

	Description	Frequency	SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
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 R14 000 per stent.				
	Medicated stents (max 3 stents)		Subject to surgical internal prosthesis Overall Annual Limit (OAL) and a limit of R22 500 per stent.				
Other stents (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Abdominal aortic aneurism stents	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)				
	Carotid stents		Excluded	R34 400	R34 400	R34 400	R34 400
	Renal stents		Excluded	R6 500	R6 500	R6 500	R6 500
	Aneurysm coils		Excluded	R43 800	R45 900	R45 900	R45 900
Heart valves etc. (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Heart valves (Mitral etc)	Annual	Excluded	R29 500	R31 300	R31 300	R31 300
Orthopaedic prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Hip prosthesis	Annual	PMSA*	R33 600	Excluded	R40 500	R41 700
	Knee prosthesis		PMSA*	R33 600	Excluded	R40 500	R41 700
	Shoulder prosthesis		PMSA*	R33 600	Excluded	R40 500	R41 700
	Elbow prosthesis		PMSA*	R33 600	Excluded	R38 900	R40 500
	Ankle prosthesis		PMSA*	R33 600	Excluded	R38 900	R40 500
	Wrist prosthesis		PMSA*	R33 600	Excluded	R38 900	R40 500
	Finger prosthesis		PMSA*	R22 900	Excluded	R24 000	R25 000
	Spinal instrumentation – per level limited to 2 levels and 1 procedure per beneficiary per year		PMSA*	R12 000	Excluded	R25 200	R31 300 for first level and R58 500 for two and more levels
	Spinal cages		PMSA*	R17 700	Excluded	R32 300	R35 000
	Spinal implantable devices		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
	Internal fixators for fractures		PMSA*	R17 700	R21 900	R29 200	R32 300
Artificial limbs (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Through knee	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)				
	Below knee						
	Above knee						
	Partial foot						
	Partial hand						
	Below elbow						
	Above elbow						
Other prosthesis (Subject to surgical internal prosthesis Overall Annual Limit (OAL))	Intra ocular lenses	Annual	PMSA*	R3 100	PMBs	R4 100	R5 200
	Bladder sling		PMSA*	R9 300	PMBs	R9 700	R10 200
	Hernia mesh		PMSA*	R9 700	PMBs	R9 700	R10 200
	Vascular grafts		PMSA*	R17 300	PMBs	R31 300	R32 800

***PMSA: All Prescribed Minimum Benefits are covered in full, without any co-payment required. In instances where a co-payment is not specified, and the procedure is not a Prescribed Minimum Benefit, the procedure can be funded from your PMSA.**

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances: 2025 (continued)

	Description	Frequency	SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	Annual	Subject to surgical internal prosthesis Overall Annual Limit (OAL)				
	Single chamber pacemaker						
	Dual chamber pacemaker						
	Internal nerve stimulators		Excluded	Excluded	Excluded	R137 000	R137 000
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)		Excluded	Excluded	Excluded	R241 100	R241 100
Appliances (Subject to day-to-day benefits)	Insulin pumps	Every 5 years	Excluded	PMSA*	Excluded	R27 900	R27 900
	Overall limit	**Annual**	Excluded	PMSA*	**R13 700**	**R20 800**	**R40 500**
	Hearing aids	1 per year, 3 yearly interval			R10 900	R20 800	R27 400
	Artificial eyes	5 year interval			R13 500	R20 800	R26 250
	BP monitor	3 year interval			R760	R760	R800
	Glucometer	3 year interval			R760	R760	R800
	Humidifier	3 year interval			R320	R340	R340
	Nebuliser	3 year interval			R650	R650	R650
	Breast pump	Per pregnancy			Excluded	R3 200	R3 200
	Moonboot	Annual			R2 700	R2 700	R2 700
	Elbow crutches	Annual			R800	R810	R810
	CPAP machines	3 year interval			Excluded	R12 300	R12 300
	Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime			Excluded	R12 000	R12 000
	Braces and callipers	Annual			R890	R890	R890
	Rigid back brace	Annual			Excluded	R6 500	R6 500
	Sling clavicle brace	Annual			Excluded	R650	R650
	Wigs	Annual			Excluded	R2 400	R2 400
	Bras for breast prosthesis after mastectomies	2 per annum			R1 250	R3 390	R3 390
	Breast prosthesis	Annual			R1 250	R4 050	R4 050
	Commodes	3 year interval			R1 250	R2 500	R2 500
	Swivel Bath chairs	3 year interval			Excluded	R2 080	R2 080
	Walking frames	3 year interval			Excluded	R1 250	R1 250
	Rehabilitative foot orthotics	Annual			R1 250	R4 050	R4 050
Wearable devices	Wearable devices claimable only with a valid NAPPI code	Annual	PMSA*	PMSA*	Excluded	Excluded	Excluded
Stockings (Subject to day-to-day benefits)	Stockings: Elastic, Full length and anti-embolic stockings, including compression socks	Annual	PMSA*	PMSA*	R980**	R1 850**	R2 410**

***PMSA: All Prescribed Minimum Benefits are covered in full, without any co-payment required. In instances where a co-payment is not specified, and the procedure is not a Prescribed Minimum Benefit, the procedure can be funded from your PMSA.**

**** Please refer to scheme rules.**

Co-payments

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Overall co-payment for elective surgeries	N/A	N/A	N/A	N/A	N/A
Voluntary use of non-DSP/network hospital/facility - for the hospital/facility account	A 35% co-payment will apply to the voluntary use of a non-DSP/ network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.	A 35% co-payment will apply to the voluntary use of a non-DSP/ network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.	A 35% co-payment will apply to the voluntary use of a non-DSP/ network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.	A 35% co-payment will apply to the voluntary use of a non-DSP/ network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.	A 35% co-payment will apply to the voluntary use of a non-DSP/ network hospital/facility, including all associated costs such as specialists, pathology, radiology, etc.
MRI and CT-scans - In and out of hospital	R3 800	R3 800	R3 800	R3 800	R3 800
Biologicals for oncology treatment	PMB only	25% co-payment for non-PMB medicines.	25% co-payment for non-PMB medicines.	25% co-payment for non-PMB medicines.	No co-payment
Gastroscopy	PMB only	R5 600	R4 400	R3 280	No co-payment
Colonoscopy	PMB only	R5 600	R4 400	R3 280	No co-payment
Cystoscopy	PMB only	R5 600	R4 400	R3 280	No co-payment
Functional Endoscopic Sinus Surgery (FESS)	PMB only	R5 600	R4 400	R3 280	No co-payment
Functional nasal surgery and septoplasty	PMB only	R12 000	R10 000	R3 280	No co-payment
Flexible sigamoidoscopy	PMB only	R5 600	R4 400	R3 280	No co-payment
Arthroscopy	PMB only	R10 000	R7 500	R3 280	No co-payment
Gynaecological laparoscopic procedure	R5 600	R5 600	R4 500	R3 300	No co-payment
Dental	PMB only	R5 600	R4 500	R3 280	No co-payment
Excision Lesion - benign and malignant	R5 350	R5 600	R4 500	R3 280	No co-payment
Joint replacements - arthroplasty	Excluded	R28 850	R25 000	R4 000	No co-payment
Conservative back and neck treatment - spinal cord injections	Excluded	R19 500	R15 500	R4 000	No co-payment
Laminectomy and spinal fusion	Excluded	R28 850	R25 000	R4 000	No co-payment

Please note that exclusions are subject to PMBs.

*Prescribed Minimum Benefits (PMBs) are covered in full, without any co-payment required. In instances where a co-payment is not specified and the procedure is not a PMB, the procedure may be funded from a member's PMSA or accumulated savings.

Co-payments (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Nissen fundoplication - reflux surgery	Excluded	R25 500	R20 000	R4 000	No co-payment
Hysterectomy, except for cancer	Excluded	R18 800	R4 500	R3 300	No co-payment
Laparoscopic hemicolectomy and inguinal hernia repair	Excluded	R6 800	R5 000	R3 300	No co-payment
Adenoidectomy, myringotomy - grommets, tonsillectomy	Drs Rooms - No co-payment Day Clinic - R3 000 DSP Hospital - R4 300 Non-DSP hospital - R6 500	R4 300	R4 300	No co-payment	No co-payment
Other co-payments in day-to-day benefits					
Acute medication	-	25% co-payment on medicines where no generic is available.	25% co-payment on medicines where no generic is available.	25% co-payment on medicines where no generic is available.	25% co-payment on medicines where no generic is available.
Chronic medication, including CDLs	25% co-payment for non-formulary medicine and the use of a non-DSP.				
Specialist visits out-of-hospital	A 35% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.				

Please note that exclusions are subject to PMBs.
*Prescribed Minimum Benefits (PMBs) are covered in full, without any co-payment required. In instances where a co-payment is not specified and the procedure is not a PMB, the procedure may be funded from a member's PMSA or accumulated savings.

List of exclusions

Please note that exclusions are subject to PMB.

		SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Procedures	Back and neck surgery	✓				
	Bariatric surgery / treatment relating to obesity	✓	✓	✓	✓	✓
	Breast reduction / Gynaecomastia surgery	✓	✓	✓	✓	✓
	Bunion surgery (Correction of Hallux Valgus)	✓				
	Elective Caesarean sections for non-medical reasons	✓	✓	✓	✓	✓
	Cochlear implants, auditory brain implants (Bone-anchored Hearing Aids)	✓	✓	✓	Limits apply	Limits apply
	Cosmetic surgery - blepharoplasty; septoplasty, nasal tip reconstruction and otoplasty, as well as any cosmetic preparations	✓	✓	✓	✓	✓
	Corneal transplants	✓				
	Deep brain implants	✓	✓			
	Excimer Laser / Refractive surgery	Savings	Savings			
	Functional nasal and sinus surgery	✓				
	Gender reassignment surgery, medicines and treatment	✓	✓	✓	✓	✓
	Infertility -AI; IVF; GIFT; ZIFT and ICSI	✓	✓	✓	✓	✓
	In-hospital dental surgery	Savings				
	Internal nerve stimulators	✓	✓	✓		
	Investigations and diagnostic work up only in hospital	✓	✓	✓	✓	✓
	Joint replacement surgery and related orthopaedic prosthesis (including hip, knee, shoulder, elbows, ankle, wrist and finger prosthesis).	✓	Limits apply	Limits apply	Limits apply	Limits apply
	Polysomnograms and CPAP titrations	✓				
	Removal of skin disorders including benign growths and lipomas	✓	✓	✓	✓	✓
	Removal of port-wine stains, scars and tattoos	✓	✓	✓	✓	✓
	Reversal of Vasectomy or tubal ligation	✓	✓	✓	✓	✓
	Robotic assisted surgery	✓	✓	✓	✓	✓
	Reflux and Hiatus hernia repair surgery	✓				
	Spinal surgery and related orthopaedic prosthesis (Instrumentation, implantable devices and spinal cages.)	✓	Limits apply	Limits apply	Limits apply	Limits apply
	Sleep therapy	✓	✓	✓	✓	✓
	Treatment of keloids except for burns & functional impairment	✓	✓	✓	✓	✓

List of exclusions (continued)

Please note that exclusions are subject to PMB.

		SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Dental	Bleaching of teeth	✓	✓	✓	✓	✓
	Conscious sedation and general anaesthetics for dental procedures -7yrs and older	✓	✓	✓	✓	✓
	Lingual orthodontics	✓	✓	✓	✓	✓
	Orthodontic treatment over age of 18yrs	✓	✓	✓	✓	✓
	Osseo-integrated implants, all implant-related procedures and orthognathic surgery	✓				
	Resin bonding of Metal fillings	✓	✓	✓	✓	✓
Medicines	Medication not registered by SAPHRA	✓	✓	✓	✓	✓
	Medication used in clinical trials and / or treatment resulting from clinical trials	✓	✓	✓	✓	✓
	Anabolic steroids and immunostimulants	✓	✓	✓	✓	✓
	Vitamins and minerals	✓	✓	✓	✓	✓
Prosthesis	Implantable ventricular assist devices (e.g. LVAD) and total artificial hearts	✓	✓	✓	✓	✓
	Internal fixators for fractures	✓	Limits apply	Limits apply	Limits apply	Limits apply
External appliances	APS/TENS machines	✓	✓	✓	✓	✓
	Chair seats / backrests and cushions (Excluding wheelchairs backrests and cushions)	✓	✓	✓	✓	✓
	Hospital beds - purchase / rental	✓	✓	✓	✓	✓
	Health shoes	✓	✓	✓	✓	✓
	Hearing Aids	✓	Paid from PMSA			
	Incontinence Products (Linen savers; disposable nappies, waterproof sheets)	✓	✓	✓	✓	✓
	Mattresses	✓	✓	✓	✓	✓
	Motorised Scooters	✓	✓	✓	✓	✓
	Shower and bath rails	✓	✓	✓	✓	✓
	Sunglasses (prescription and non-prescription)	✓	✓	✓	✓	✓
	Braces including rigid back braces, and callipers	✓	Paid from PMSA	Limits apply	Limits apply	Limits apply
	Wigs	✓	Paid from PMSA	Limits apply	Limits apply	Limits apply
	CPAP machines	✓	Paid from PMSA	Limits apply	Limits apply	Limits apply
	Apnoea monitors for infants <1 year	✓	Paid from PMSA	Limits apply	Limits apply	Limits apply
Other	Difference in cost between a cornea from outside SA and a locally acquired cornea	✓	✓	✓	✓	✓
	Physiotherapy services - wisdom teeth; caesareans	✓	✓	✓	✓	✓
	Genetic and metabolic testing	✓	✓	✓	✓	✓
	Aphrodisiacs	✓	✓	✓	✓	✓
	Smoking cessation agents	✓	✓	✓	✓	✓
	Contact lens preparations	✓	✓	✓	✓	✓
	Cosmetic preparations	✓	✓	✓	✓	✓

Terms explained

Abbreviations

A	Adult Dependant
AFB	Annual Flexi Benefit
AT	Annual Threshold
ATB	Above Threshold Benefit
BMI	Body Mass Index
C	Child Dependant
CDL	Chronic Disease List
CPAP	Continuous Positive Airway Pressure appliance
CT scan	Computerised Tomography scan
DSP	Designated Service Provider
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
M	Member
MMAP	Maximum Medical Aid Price
MRI	Magnetic Resonance Imaging
OAL	Overall Annual Limit
OTC	Over-the-Counter Medicine
P	Principal Member
PB	Per Beneficiary
PET scan	Positron Emission Tomography scan
PM	Per Member
PMB	Prescribed Minimum Benefits
PMF	Per Member Family
PMSA	Personal Medical Savings Account
PSA	Prostate-Specific Antigen blood test
RP	Reference Pricing or Medicine Reference Price
SPG	Self-Payment Gap
TTO	To-Take-Out (medicine taken on discharge from hospital)

Explanations of terms

Adult dependant – A dependant who is 21 years and older.

AFB – the Annual Flexi Benefit is an insured benefit which is a fixed amount provided by CompCare to cover Day-to-Day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions based on the member's chosen benefit option. For the SelfCare and SaverCare options with a Personal Medical Savings Account (PMSA), claims are first paid from the PMSA and then from the AFB. For traditional plans without a PMSA, day-to-day claims are paid directly from the AFB.

ATB – these are the Above Threshold Benefits available on the UltraCare, ExecuCare and the Plus versions of these benefit options. The ATB consists of additional benefits which become available once the AFB insured benefits are depleted, and the annual thresholds for the Self-Payment Gap have been reached. The ATB offers additional benefit amounts for selected medical expenses.

CDL – the Chronic Disease List determined by the Medical Schemes Act which is covered in terms of Prescribed Minimum Benefits.

Child dependant – a child until the age of 21 years, including biological and legally adopted children as well as stepchildren.

Contraceptives – refer to injectable, implantable, intra-uterine, trans- and subdermal, as well as oral contraceptives.

Co-payments – is the difference between the cover provided by the Scheme and the cost/tariff charged for the medical service for which the member is liable.

Cost – means the cost of Prescribed Minimum Benefit (PMB) services, payable by the Scheme, subject to the registration of the conditions with the Administrator as qualifying for PMBs and rendered by designated service providers (DSPs) according to accepted PMB treatment protocols.

CPAP – machine is a device that provides continuous positive airway pressure to help prevent breathing interruptions during sleep.

Designated Service Provider (DSP) – is a service provider contracted or appointed by the Scheme to provide certain medical services.

Emergency medical condition – means any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. Emergencies that qualify as PMBs must also be registered as a PMB with supporting evidence.

Hospital benefits – refer to benefits for services rendered in hospital during a patient's stay. Services include ward accommodation and ward medicine, radiology, pathology, and consultations during hospitalisation. Certain procedures performed in hospital, for example, scopes and specialised radiology, require the member to make an upfront payment, which differs per option. All planned hospital admissions must be pre-authorised to avoid a co-payment. Emergency admissions must be registered on the first workday following the admission (see "Emergency medical condition"). Members who are required to use Medclinic or Netcare hospitals but choose to voluntarily be admitted to another hospital will incur a co-payment inf the hospital and all related accounts.

Maximum Medical Aid Price (MMAP) – is the reference price used by the Scheme to determine benefits for acute and chronic medicine. The MMAP is the average price of all the available generic equivalents for an ethical patented medicine item.

Personal Medical Savings Account (PMSA) – For the SelfCare and SaverCare options, a portion of the member's contribution is allocated to a savings account from which day-to-day medical expenses may be covered. The full savings amount is made available at the beginning of the financial year, it accumulates if not depleted and is carried over to the next year. A PMSA cannot be used to pay for PMB services.

Prescribed Minimum Benefits (PMBs) – are a set of defined benefits as per the Medical Schemes Act to ensure that all medical scheme members have access to certain minimum health services. PMBs apply to 27 chronic conditions on the Chronic Disease List (CDL) and 272 diagnoses with their treatments as published in the Regulations under the Act. In terms of these Regulations, medical schemes must grant benefits for the diagnosis, treatment, and care costs of any of these conditions as well as emergency medical conditions (that meet the published definitions) without imposing any limits. PMBs are subject to pre-authorisation, protocols, and the use of designated service providers, where applicable. Benefits for PMB services are first funded from the related day-to-day benefits.

Protocol – means a set of clinical guidelines in relation to the optimal sequence of diagnostic testing and treatments for specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines, disease management guidelines, treatment algorithms, clinical pathways, and evidence-based medicine.

Reference Price (RP) – applies to all pre-authorised PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the formulary and within the reference price where possible and avoid or minimise co-payments.

Scheme tariff – refers to the tariff paid by the Scheme for different medical services and can include the contracted tariff for services agreed with certain groups of service providers such as hospitals.

Self-medication (Over-the-Counter medicine) – is medicine that is not prescribed and is available to buy over the counter at pharmacies. Claims for self-medication must have valid NAPPI codes to be processed.

Self-Payment Gap (SPG) – is applicable to the UltraCare, ExecuCare and the Plus versions of these benefit options. Once the Annual Flexi Benefit is depleted, annual thresholds for the Self-Payment Gap apply where the member is liable for day-to-day medical expenses up to a certain threshold. Once the Threshold is reached, the Above Threshold Benefits will offer additional benefit amounts for selected medical expenses.

To-Take-Out (TTO) – medicine is medicine that is dispensed and charged by the hospital for the patient to take home when discharged.

Vascular/cardiac prosthesis – includes artificial aortic valves, pacemakers, and related or connected functional prostheses.

Virtual consultations – refer to the online consultations made possible by uConsult™ and is accessible via the Universal.one App or by visiting u-consult.co.za

Member guide

1. Rules of the Scheme

The Scheme is governed by a set of rules submitted to and approved by the Council 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 of 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 as dependants at the time of the main member's death (marriage and death certificate required).
- **A child until the age of the age of 21** – who 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 the 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 21 years.
- **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 21) who is unemployed and financially dependent on the principal member (affidavit required).
- **Disabled/mentally challenged** – a 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-month period ending on the date on 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 period 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 of twelve months will apply. If the beneficiary suffers from any pre-existing condition, the Scheme may impose any unexpired balances imposed 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 benefit year begins on 1 January and ends on 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 course of the benefit year, you will be entitled to pro-rated benefits and limits, meaning that you will only be entitled to a time-appropriate proportion of the annual benefits and limits.

Please note: You have the opportunity to review and change your choice of benefit option once during the benefit year with effect from 1 January of the next year. Once you have selected a benefit option for the benefit year, you cannot change your benefit option during that benefit year.

2.3 Proof of membership

Every member shall be provided with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or admission to a hospital. You therefore need to ensure that your card is kept secure at all times in order to prove your membership of the Scheme. Your membership card can also be downloaded on the Universal.one App.

2.4 How do I go about changing my details?

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

The Scheme shall not be held liable if a member's rights are prejudiced 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 preceeding 1 April 2001, without a break in coverage exceeding three consecutive months since 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 minus (35+C)

Where in terms of the Medical Schemes Act No 131 of 1998:

A = number of years referred to in the first column of the table in subregulation (2), for purposes of determining the appropriate penalty band;
B = age of the late joiner at the time of his or her application for membership or admission as a dependant;
C = the number of years of creditable coverage, which can be demonstrated by the late joiner.

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2.6 Complaints and disputes:

Members may lodge their complaints telephonically, or in writing, to Universal Healthcare Administrators on 0861 222 777 or e-mail address escalations@universal.co.za.

The Escalations team will assist the member immediately where possible. All unresolved telephonic complaints, or complaints received in writing, will be responded to by the Universal Healthcare Escalations team, in writing, within 30 days of receipt thereof and copy the Fund Manager on the response. Should the member not be satisfied with the outcome of the query, then this query or dispute can be escalated to the Fund Manager.

E-mail escalations can be sent to compcare@universal.co.za or the call centre agent can transfer the member to the appropriate senior official. All escalations will have to be accompanied by supporting evidence. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such membership and the Scheme or an officer of the Scheme, may be referred by the Principal Officer to a disputes committee (appointed as and when needed, by the Board of Trustees) for adjudication. On receipt of a request in terms of this rule, the Principal Officer must convene a meeting with 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 must 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 the Council for Medical Schemes not later than three months after the date on which the decision concerned was made. The contact details of the Council for Medical Schemes :086 112 326 and e-mail: complaints@medicalschemes.com.

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 for income-based benefit option members. 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 is advanced and will be available to you 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 being owed to the Scheme. Should you terminate your membership with the Scheme, the savings balance will be payable to the member or transferable to the new medical aid of the member in the 5th month following 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 from the employer.

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 one month's 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 as the child dependant/s.

4. Members' portions

Members' portions arise when healthcare 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 EFT, 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 benefit 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 benefit 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 of 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 benefits, 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 the date of treatment and to check claims statements 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 the date of treatment.

Email: compcare@universal.co.za

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

6.3 Via the Mobi App

Submit a claim and track your expenses via the Universal.one App for CompCare Medical Scheme members.

6.4 How does the claim process work?

Claims are settled every two weeks for payment to the service providers or members. Members will receive a monthly detailed statement of claims 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 referral process

A referral from a GP is required before seeking treatment form a specialist, failing which will attract a 35% co-payment on the visit as well as related services.

Members are required to notify the Scheme of a specialist visit prior to the visit by requesting a "Spec Auth". This can be done by contacting the call centre at 0861 222 777 or by sending an email to specauth@universal.co.za.

The following information is required:

- The referral letter from the member's GP on the practice letterhead.
- The medical aid number.
- The name of the dependant.
- The member's correct contact numbers.
- The intended date of the specialist consultation.
- The specialist's name, practice number and contact details.

Should a specialist refer the member to another specialist, the referral letter from the initial specialist referring to the other specialist needs to be provided (the visit to the first specialist should have been authorised). The member need not return to their GP for another referral letter in this instance.

A GP referral is not required in the following cases:

- One gynaecologist visit per female over the age of 16, per year.
- One urologist visit per male over the age of 40, per year.
- Paediatrician consultations for children under the age of 2.
- Specialist visits during pregnancy.
- Oncologist consultations, as this will be approved as part of an Oncology Management Programme.
- Optical and dental specialist consultations (ophthalmologists and orthodontists).
- Where multiple specialist visits have been authorised.

6.5 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 not incur a consultation fee that your GP will normally charge. Please consult your benefit guide for the OTC rules and limits applicable to your option. This benefit will include any homeopathic medication.

Contact details

	Contact number	Operating hours	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	compcare@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 Rewards	086 155 LIVE (5483)	Monday to Friday 08h00 to 17h00	360@universal.co.za	Private Bag X49, Rivonia, 2128	universal360.co.za

Contact Details

CompCare Medical Scheme:

Universal Place, 15 Tambach Road,
Sunninghill Park, Sandton

PO Box 1411, Rivonia, 2128

Tel: 0861 222 777
Email: compcare@universal.co.za
Web: compcare.co.za

Complaints escalated to the Council for Medical Schemes:

Tel: 0861 123 267
Email: complaints@medicalschemes.com
Web: medicalschemes.com

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2025 CompCare Medical Scheme benefits and contributions is subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the Scheme will apply.

All limits are pro-rated when a member or a beneficiary joins the Scheme during the year, calculated from the date of registration to the end of that financial year. If you leave the Scheme before the year is up and have used all the funds in your savings account, you will owe the Scheme the advanced portion of the Medical Savings Account you have used, as it is a pro-rated benefit allocated in advance for the full benefit year. This summary is for information purposes only and does not supersede the Rules of the Scheme. In the event of a discrepancy between the summary and the Rules, the Rules will prevail.

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

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