Comp Care

Medical Scheme

From R435 Per Month*



UNLIMITED doctor visits



Excellent
OUT-OF-HOSPITAL
benefits



EMERGENCY ASSISTANCE, including airlifts



REPATRIATION
COVER
via Universal 360°



PLAYING SPORT? We've got you covered

Healthcare that gives you more life.

SMS 'youth' to 32673 if you're keen to find out more



student@universal.co.za



Universal

Administrators

CompCare NETWORX Option 2020

In-hospital benefits

Prescribed Minimum Benefits:

Overall Annual Limit (OAL) for non-PMB and elective admissions

Services covered in hospital

100% of the agreed tariff (AT), subject to the Overall Annual Limit, pre-authorisation and Network DSP hospitals. All treatment in hospital is subject to case management and scheme protocols

- Unlimited subject to scheme protocols
- R1 260 000 per family
- GPs and specialists
- Ward fees general, ICU and high care
- Theatre fees
- Medication while in hospital
- Blood transfusions
- Oncology
- Surgical prostheses (PMB only)
- Clinical technologists limited to R11 000 per family
- Radiology MRI, CT and PET scans
- Pathology
- Confinements
- Psychiatric treatment subject to pre-authorisation, protocols and PMBs.
- Organ and bone marrow transplants, plasmapheresis and renal dialysis (PMB only)
- Cover for injuries sustained whilst participating in professional sports
- Emergency medical treatment for injuries resulting from accidents or trauma
- Physiotherapy limited to R2 500 per family. Combined auxiliary services limit in and out of hospital
- · Alcoholism, drug dependence and narcotism

Cover for chronic conditions

27 chronic conditions covered

Chronic medication is subject to the Core Formulary list of medicines and a Formulary reference price (FRP). Members are required to register for all chronic conditions

- Chronic medication is unlimited, subject to medicine formulary and if prescribed by a Universal Network Provider
 and dispensed within a Universal Network pharmacy or by a dispensing Universal Network GP. Any voluntary
 use of chronic medicine prescribed by an out-of-network provider and any non-formulary medicines are for the
 member's own account, unless pre-authorised by the medical advisor. (PMB rules apply)
- Subject to formulary reference pricing

Unlimited day-to-day services

Not subject to the Annual Flexi Benefit (AFB)

Services subject to the use of the Universal Provider Network

- GP visits unlimited at a Universal Network GP, subject to clinical necessity. Clinical motivation may be required to authorise more than three GP visits per beneficiary per year
- Two out-of-network visits per beneficiary per year. A 20% co-payment applies. Members are required to pay
 at point of service and claim back from the scheme. Benefits per event (including medicines, pathology and
 radiology) and excluding facility fees are limited to R1 150 per event
- Acute medication unlimited if prescribed by a Universal Network GP, or by a specialist provided member referred
 by a Universal Network GP. Subject to formulary. A 25% co-payment will apply if medicine is not on the formulary.
 No cover for non-formulary medicines unless otherwise pre-authorised. No cover in case of voluntary use of nonUniversal providers, or voluntary use of specialist without referral by a Universal Network GP
- Basic radiology unlimited, subject to specific codes- referral by a Universal Network GP required
- Basic pathology unlimited, subject to specific codes- referral by a Universal Network GP required

Day-to-day services paid from the Annual Flexi Benefit (AFB) at 100% of the agreed tariff

AFB – R3 200 per beneficiary per year R4 780 per family per year

- Specialist consultations limited to two per beneficiary, maximum of three per family, subject to referral by a Universal Network GP, pre-authorisation required. Referrals limited to specialists in DSP Network hospitals only
- Basic dentistry limited to one consultation per beneficiary including preventative care, infection control, fillings, extractions
 and dental X-rays at a Universal Network dentist R1 650 per beneficiary up to R2 750 per family, subject to AFB
- Optometry limited to one test per beneficiary every 24 months, including lenses clear plastic lenses for single
 vision and frames limited to R910 per beneficiary. Bi-focals and frames limited to R1 455 per beneficiary at a
 Universal Network optometrist, subject to AFB
- Hospital emergency room/casualty emergency visits for non-emergency consultations

Wellness: Lifestyle and preventative care

Paid from risk

- Blood pressure, blood sugar, cholesterol, BMI and waist circumference one measurement per beneficiary over the age of 18 years. Limited to R200 per event
- Flu vaccinations one vaccination per beneficiary
- Emotional wellness benefit, unlimited telephonic counselling sessions with a psychologist or social worker with an option for referral for face-to-face counselling up to a maximum of 3 sessions per year. Subject to clinical protocols
- Oral contraceptives limited to R140 per beneficiary per month. Subject to medication formulary

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Want to know more?

Gauteng

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KwaZulu-Natal

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Walk-in office JHB

JCCI House 27 Owl Stree

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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. On joining the scheme, all members will receive a detailed member brochure, as approved. The final registered rules of the scheme will apply.