

CompCare
Wellness

2019

DISCHEM PHARMACISTS WHO CARE

ED
OPTION

NETCARE YOU'RE IN SAFE HANDS

INFORMATION AND BENEFIT GUIDE

**WHY THE NETWORKX ED
OPTION IS THE BEST
CHOICE FOR YOU**

NETWORK PLAN

COMPREHENSIVE BENEFITS

**WITHIN THE UNIVERSAL
HEALTHCARE PROVIDER
NETWORK**

**MEDICAL COVER FOR
ADVENTURE SEEKERS**



**INFORMATION AT
YOUR FINGERTIPS:
DOWNLOAD OUR
APP TODAY!**



EMOTIONAL WELLNESS

**PREVENTATIVE CARE &
WELLNESS BENEFITS
PAID FROM RISK**

NETWORKX ED

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



**Universal
Administrators**

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2019 ISSUE

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FROM THE PEN OF THE PRINCIPAL OFFICER

Choosing the best medical scheme for you, your family or the employees of your company, is no small matter, as the choices made will have long-term consequences.

CompCare is a long-standing scheme with an outstanding track record of “being there when you need us most”. Not only is our offering among the most affordable, but the scheme has also been independently ranked as one of the most financially sustainable schemes on the market. And as you’d expect, CompCare does not only have rich benefits catering for every taste and need, but we are also known for highly innovative product design and some of the best preventative care and wellness benefit packages available anywhere.

We are also one of very few schemes covering professional and adventure sports.

Our committed and dedicated approach to member wellbeing ensures that individualised care is available to every member, with a “high touch” approach to care management.

CompCare works very closely with our administrator, Universal Healthcare, to ensure our members have access to service excellence and evidence-based medicine using internationally benchmarked clinical protocols – but with a caring approach.

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

Josua Joubert

Principal Officer and CEO
CompCare Wellness Medical Scheme



THE NETWORKX ED OPTION



WHY THE NETWORKX ED OPTION IS THE BEST CHOICE FOR YOU

You're young at heart, and part of the modern generation. You've got your first job, and now have responsibilities, and you want to make a success of your life. You're planning to get married some time, and then have a family.

Along with this exciting new phase in your life, you or your employer have chosen a top-ranking medical scheme option to look after you when you need medical care.

The NETWORKX ED option is a highly affordable healthcare plan offering day-to-day benefits within the Universal Healthcare Provider Network. The Universal network is one of the largest in South Africa, and provides you with access to affordable, quality care. You qualify for unlimited visits to a general practitioner, as well as selected other out-of-hospital benefits within the network, such as dentistry, optometry and pharmacy benefits. Provision is also made for a limited number of doctor consultations outside of the network, should you be unable to reach your network doctor in an emergency.

Specialist visits and unlimited hospitalisation is available within a limited network of private hospitals, together with public sector hospitals. Surf the CompCare website for more details (www.compcare.co.za).

UNDERSTANDING YOUR OPTION

Let's face it, medical jargon and terminology can make your benefits about as easy to understand as nuclear science. Getting to grips with some key terms and concepts should, however, assist to shed some light on a subject that can at best be muddling.

So let's get started on explaining some of the basics of your cover. The option is subject to an Overall Annual Limit (OAL) of R 1 218 000 Per Family (PMF). You pay your contribution and based on that we pay your claims. Claims are incurred when you visit a doctor/dentist/optometrist/specialist, or any other registered healthcare provider, or if you are hospitalised.

The NETWORKX ED option provides essential cover within the Universal Provider Network.

We have negotiated and contracted with private healthcare providers including general practitioners,

pharmacies, optometrists, dentists, radiologists and pathologists to provide you with the best access and care at an affordable premium. In order for you to get the best care you need to visit Universal Network Providers. The option also provides an annual Annual Flexi Benefit (AFB) which is a set amount that is available to you for specialist consultations, specialised dentistry optometry and specialised radiology.

Being a network plan you have full access together with public sector hospitals to a limited Network of Private Hospitals. In-hospital claims are settled from the scheme's risk pool. Hospital expenses are paid in full at the scheme rate and is limited to the OAL.

Please see below for more details and a better of understanding your option.

DAY-TO-DAY BENEFITS ARE SUBJECT TO:



- **AFB:** Specialist visits, basic dentistry, optometry and non-formulary prescription medication only
- Other day-to-day benefits e.g. GP visits, available in the Universal Provider Network

BENEFITS PAID FROM RISK

- Wellness and Preventative benefits
- Chronic Medicines
- Ambulance Services Netcare911



HOSPITAL BENEFIT (Network of public and private hospitals)



- In-hospital and hospital related accounts subject to Overall Annual Limit (OAL)

2019 AFB VALUES

R3 080 per beneficiary per year.

R4 600 per family per year.

02

& FEATURES



ARE YOU EMOTIONALLY FIT AND STRONG?

According to a recent study conducted in South Africa, 30.3% of adults will have suffered from some form of mental disorder in a lifetime. In the twelve months covered by the study around one in six adults – or 16.5% – suffered from common mental disorders. A quarter of these cases were classified as serious, which represents about four out of every hundred South Africans.

When it comes to your emotional health and wellbeing, we've got you covered, having taken extra care to ensure that you have the necessary benefits at your disposal when you need them most. We offer a 24-hour help-line with trained clinical professionals to assist, and a referral for face-to-face counselling is also available as part of your benefit package.

ADVENTURE SEEKERS – NOW YOU CAN REALLY PLAY!

So, you love the outdoors and that rush of adrenalin just before you take the plunge skydiving, racing down a steep mountain with your new bike, or watching the lights go out as you floor the accelerator, burning rubber in your suped up twin-turbo race car down the main straight...

We're big on life and on living life to the fullest. We share your taste for adventure – your need to soar, glide the thermals, or ride the waves – no matter what your game may be. No matter whether you're a professional sport junky, or a weekend climbing enthusiast, we've got you covered.



LOVE EXTREME SPORTS?
YOU'RE COVERED!

INFORMATION AT YOUR FINGERTIPS

Our Member App is your mobile gateway to information. Access and view your medical scheme option, benefits and claims anywhere, anytime.



1. CLAIMS

Submit new claims and view your claims history.

2. HOSPITAL PRE-AUTHORISATION

Submit new pre-auth requests and view your hospital pre-auth history.

3. QUERY

Submit queries and view important contact details.

4. MEMBERSHIP CARD

See a digital version of your Membership Card and never be caught without it again.

5. BENEFITS

View all your benefits, annual limits and your available balances.

6. MUCH MORE

Request your Tax or Member Certificates. See all your registered Chronic Conditions, register new conditions, update your scripts and apply for an extended supply. Access your personal details, your dependant details and your scheme details. You can also search for Network Specialists in your area.

BENEFITS PAID FROM RISK *(unless otherwise indicated)*

IMPORTANT NOTICE - SCHEME PROTOCOLS APPLY - *subject to OAL (where applicable)*

PRESCRIBED MINIMUM BENEFITS (PMBs)

All Prescribed Minimum Benefits, or PMBs, are defined in the Medical Schemes Act No 131 of 1998 including:

- **PMB organ transplants**, PMB renal dialysis and PMB plasmapheresis are paid from risk.
- **Step-down nursing facilities**, hospice and rehabilitation (PMB only) - subject to OAL
- **Terminal care** (Imminent death, regardless of diagnosis)
- **Oncology**, including chemotherapy and radiotherapy (PMB only) - subject to OAL
- **Biological agents** and specialised medicines are only allowed for PMBs. These medicines can only be obtained if pre-authorized.
- **Surgical Prostheses** (e.g. artificial joints, stents, artificial limbs) and electronic/nuclear devices (e.g. pacemaker, defibrillators, nerve stimulators and cochlear implants) are subject to pre-authorization. PMBs only.
- **Specialised radiology** including MRI, CT scans and high resolution PET scans is limited to OAL. Pre-authorization is required for all MRI and CT Scans. High resolution CT Scans/PET Scans are subject to special medical motivation and also requires pre-authorization. PMBs only.



WE COVER
27
Chronic
Conditions

CHRONIC MEDICINES

27 Chronic conditions (Chronic Disease List – CDL) covered – visit our website to view the list: www.compcare.co.za

Once you have registered, there is an unlimited benefit with no co-payments or levy if the medicine is on the Scheme's formulary and the price of the medicine is equal or less than the reference price for the product.

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

Phone **0860 111 900** to register your chronic condition or register on the Mobi App.

EMERGENCY CARE

What to do in the event of an emergency: Call the emergency medical services provider, **Netcare 911** on **082 911**.

Please note, to avoid a 25% co-payment, authorisation needs to be obtained at the time of the emergency, or within 24 hours thereafter.

PLEASE SEE EMERGENCY EVENTS BELOW:

- **Emergency roadside assistance and ambulance transportation.**
- **Hospital emergency room/ Casualty emergency** visits resulting in a hospital admission will be **paid from the in-hospital benefit**- PMBs only and subject to OAL.
- **Hospital emergency room / Casualty emergency** visits not requiring admission are seen as an out of area GP visit.



WOMEN'S HEALTH – WE COVER YOU FOR:

- **Annual Oral Contraceptive benefit, R130 per beneficiary per month.**
- Expecting mothers are encouraged to register on the **maternity programme** and receive a baby bag. Please also remember to obtain pre-authorization for the confinement.



PREVENTATIVE CARE

- **GP wellness consultation:** One consultation per year, excludes procedures. Limited to tariff code 0190/1/2 and diagnosis coded (ICD10) Z00.0 or Z00.1.
- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference — One measurement PB over the age of 18 years, limited to R190 per event over the age of 18. Only at a DSP pharmacy.
- **Flu vaccine:** One per beneficiary per year.



EMOTIONAL WELLNESS

- **Psychiatric treatment in hospital – 21 days** per family in a hospital with a psychiatric facility or a mental health institution.
- **Alcoholism, drug dependence and narcotics** – PMB Only
- **Psychosocial counselling benefit** — Unlimited telephonic counselling sessions with a Universal network psychologist or social worker, with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum.

DAY-TO-DAY BENEFITS SUBJECT TO PROVIDER NETWORK BENEFITS AND AFB

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

All services must be rendered by Universal Network Providers unless otherwise specified.

	Benefits
GP consultations, procedures and materials (In-Network)	Unlimited. Clinical motivation may be required to authorise more than 3 GP visits per beneficiary per year
GP consultations, procedures and materials (Out-of-Network)	2 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 100 per event
Specialist Consultations, procedures and materials A referral from a GP is required before seeking treatment from a specialist.	Subject to AFB. Limited to 2 visits per beneficiary per year and 3 visits per family per year for non-PMB. 2 additional antenatal visits are allowed per pregnancy. Unlimited for PMB conditions A Universal Network General Practitioner has to refer a patient. Referrals are limited to specialists located at DSP Network Hospitals only Pre-authorisation is required for each visit and any other referrals or procedures
Acute medicines Prescription medicines- Schedule 3 and higher Acute Medication prescribed by a specialist out-of-hospital is only covered in terms of clinical protocols	The medication will be provided as part of the acute consultation (when dispensed by a dispensing practitioner) or by an accredited designated service provider/pharmacy if prescribed by a non-dispensing practitioner Benefits are unlimited, according to a fixed Universal Network medicines formulary and Universal Network protocols Out-of-network rules applies
Over the counter medicine (OTC) and homeopathic medicine	No benefit
Basic radiology Including black and white X-rays and ultrasound	Unlimited. Referral required by a Universal Network GP. Tests are limited to the list of codes for radiology
Specialised radiology MRI, CT, High resolution CT and PET scans	PMBs only, subject to pre-authorisation and case management within a DSP Network
Pathology	Unlimited. Referral required by a Universal Network GP. Tests are limited to the list of codes for pathology.
Dentistry Conservative and restorative	Subject to AFB. Limited to a Universal Network list of approved dental codes. 1 Consultation per beneficiary per year. Limited to R1 575 per beneficiary and R2 620 per family
Specialised dentistry Dentures, crowns, bridgework, metal fillings and inlays, orthodontics, prosthodontics, periodontics, Osseo integrated implants including the cost of the appliances and prosthesis, maxillofacial and oral surgery	PMBs only. Subject to AFB
Optometry Consultations	1 test per beneficiary per year. Subject to AFB
Optometry Lenses, contact lenses and disposable lenses	Limited to clear plastic single vision (limited to R860 per beneficiary per year) or bi-focal lenses (limited to R1 380 per beneficiary per year) every second year. Subject to AFB. No benefits for contact lenses
Optometry Frames	Included in lenses limit. Subject to AFB
Auxiliary services Including audiologist, chiropractors, dieticians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody/ podiatry, social workers, physiotherapy and biokineticists	PMBs only
Mental Health - Clinical psychologists	PMBs only
Mental Health - Psychiatry	PMBs only
Oxygen - home ventilation	PMBs only
Private nursing homes	PMBs only

HOSPITAL BENEFITS/MAJOR MEDICAL EXPENSES

IMPORTANT NOTICE - PRE-AUTHORISATION REQUIRED – PROTOCOLS APPLY

All benefits are paid @ 100% of the scheme rate unless otherwise specified.

BENEFIT	LIMIT	WHAT TO DO	TAKE NOTE
Hospitalisation: Cover in a Network of Public and Private Hospitals	R1 218 000 per family Overall Annual Limit (OAL)	Phone for pre- authorisation 48 hours before an elective procedure, otherwise you will incur a R2 000 co- payment for no pre- authorisation or R1 000 co-payment for late authorisation. The scheme must be notified of emergency hospitalisation within 1 working day after the admission, otherwise a co-payment of R500 will apply.	Members have full access to a Network of Public and Private Hospitals in South Africa. All hospital accounts are paid in full at a rate agreed between the Scheme and the Hospital Groups. For the list of Network of Public and Private Hospitals, please refer to www.compcare.co.za . Voluntary, non- emergency admissions to a non-Network facility will attract a co-payment of 30% with a minimum of R5 000
Hospital related accounts including: GP visits, specialists, radiology, surgical procedures, blood transfusions, auxiliary services – (physiotherapy)	Subject to Overall Annual Limit (OAL)	Pre- authorisation required	Paid at 100% of scheme rate
Medicine in hospital	Subject to Overall Annual Limit (OAL)	Pre- authorisation required	Non-PMB medicine is subject to reference pricing
Medicine upon discharge (TTO)	7 days supply and R305 per discharge	Pre- authorisation required	
Pathology	Subject to Overall Annual Limit (OAL)	Pre- authorisation required	Paid at 100% of scheme rate
Auxiliary services in hospital: physiotherapy, psychology, etc.	Subject to clinical protocols. Limited to R2 500 per family	Pre- authorisation required	To be recommended by the treating medical practitioner
Surgical prostheses (sub-limits apply)	PMBs only	Pre- authorisation required	Full list of prostheses with sub-limits are available on www.compcare.co.za
Specialised Radiology including MRI, CT scans and high resolution PET scans	Subject to Overall Annual Limit (OAL). PMBs only.	Pre- authorisation required	Pre- authorisation and case management with a DSP Network
Basic Radiology	Unlimited	Pre- authorisation required	Paid at 100% of scheme rate

ALTERNATIVES TO HOSPITALISATION - SUBJECT TO PRE-AUTHORISATION AND LIMITED TO OAL

- Alternatives to Hospitalisation - Subject to pre-
authorisation and limited to OAL
- Terminal care (Imminent death, regardless
of diagnosis)
- Out-of-hospital surgical procedures are
only allowed in general practitioner's
rooms and subject to DSP only. Procedures
in specialist's rooms subject to referral by
Universal Network general practitioner
- Wound care in lieu of hospitalisation

NETWORK COVER THAT IS BASED ON YOUR INCOME

CompCare's **NETWORX ED** option is designed to offer you're the best primary care within the Universal Provider Network. You have unlimited access to contracted Universal GP's. This option provides you with peace of mind at a premium that is tailor made based on your income.



Contributions Effective From 1 January 2019

Income bands	Principal	Adult	Child
0-500	R343	R336	R185
501 - 4 000	R495	R488	R244
4 001 - 5 000	R633	R607	R303
5 001 - 6 000	R633	R607	R303
6 001 - 8 000	R758	R719	R363
8 001 - 9 000	R758	R719	R363
9 001 - 10 000	R804	R765	R382
10 000+	R1 583	R1 424	R706

A child dependant is a dependant who is under the age of 21 years or a full time student up to the age of 27 years. An adult dependant is a dependant who is 21 years or older. These rates are only applicable to the main member and a maximum of three child dependants.

COMPCARE WELLNESS MEDICAL SCHEME THE BUSINESS STUFF

CONTACT US

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 Sunninghill Park, Sandton
 PO Box 1411, Rivonia, 2128

Tel: 0861 222 777

E-mail: correspondence@universal.co.za

Web: www.compcare.co.za

Contact details for complaints escalated to the Council for Medical Schemes

E-mail: complaints@medicalschemes.com

Web: www.medicalschemes.com

GLOSSARY

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



This brochure is a summary of the benefits of CompCare Wellness Medical Scheme. All information relating to the 2019 CompCare Wellness Medical Scheme benefits and contributions are subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the Scheme will apply.

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