

CompCare

Medical Scheme



ExecuCare

/plus



2025 Summary of
benefits

**#Get
healthy**

Administered by



Universal[®]

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

ExecuCare Plus offers elite cover with unlimited private hospital and private ward stays, superior day-to-day benefits, and an extensive Above Threshold Benefit for peace of mind.

Preventative Care and Wellness

Receive an extra R40 000 in benefits through the Care Maximiser and Preventative Care benefits. Early detection screenings and checkups to help you live your best life.

Premium Day-to-Day Benefits

Generous cover for out-of-hospital costs like GP visits, medicines, radiology, pathology and dental care, helping to manage everyday expenses.

Comprehensive Chronic Cover

Covers 27 Chronic Disease List (CDL) conditions plus 47 additional chronic conditions, ensuring long-term health management.

Private Hospital Access

ExecuCare Plus provides access to any private hospital of your choice.

ExecuCare Plus	Principal member	Adult dependant	Child dependant
Contribution	R10 978	R9 880	R3 842
AFB	R22 050	R16 800	R6 100
SPG	R5 000	R3 000	R1 000
Threshold	R27 050	R19 800	R7 100
ATB	R11 250 per beneficiary to a maximum of R23 000 per family.		

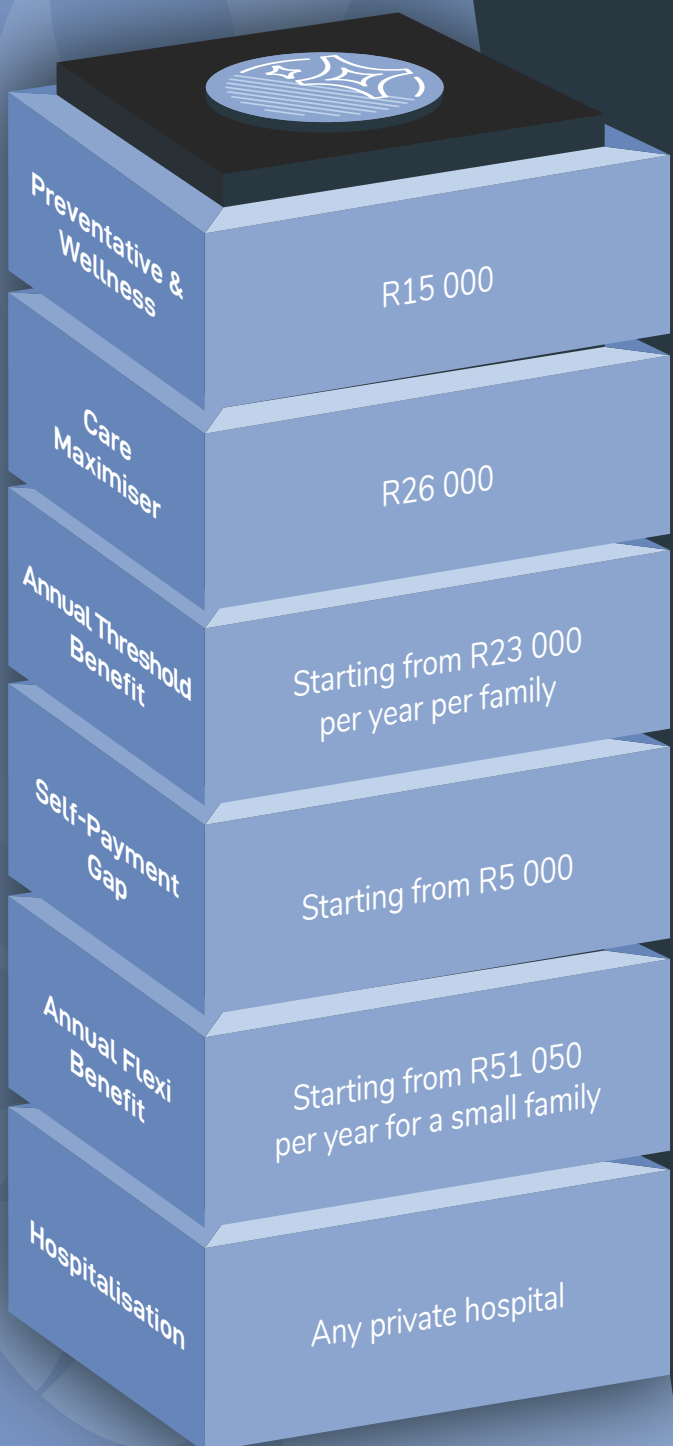
Child rates apply until the child turns 21 years. Members only pay for a maximum of 3 children.



Scan to apply online



Scan to speak to an independent adviser to join





Speciality Healthcare Bundles

Our speciality bundles provide personalised healthcare enhancements for every life stage, tailored to children, men, and women. These benefits support active lifestyles and emotional well-being, with some funded by the Care Maximiser.



Kids

We take special care of the little ones with our unique range of kids benefits.

- Newborn hearing screening benefit
- Newborn 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

We support women's health with tailored benefits for professionals and growing families.

- Antenatal classes and visits
- Maternity bag
- Confinements including 2D ultrasound scans
- Breast pump per pregnancy
- 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 recognise men's diverse health needs. Our benefits enhance wellbeing for young professionals, family men, and executives.

- 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

We prioritise prevention, offering extensive care benefits for proactive 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

Emotional Wellness

We provide comprehensive emotional wellness support for our members.



- 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 adventure and creating memories. Our benefits ensure you're 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

Embracing adventure and professional sports, our benefits protect you against unexpected injuries.



- Unlimited emergency evacuation, including airlifts
- Emergency search and rescue
- Hospitalisation due to professional sport injuries are covered at 100% of the scheme rate

Active Lifestyle Programmes

Benefits to support you in attaining your health and fitness goals.



- **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



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.

Total value in addition to your day-to-day benefits

R15 000

Essential health tests

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 child 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, Hepatitis A, Rabies and Meningococcal disease

Per beneficiary as required.





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 health tests at any of our DSP pharmacies:

Blood pressure measurement

Blood sugar test

Cholesterol test

BMI and waist circumference

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.

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

- One Covid test
- One urinary tract test
- One ovulation test
- One pregnancy test

Overall limit of R350



Antenatal visits with a GP, specialist or midwife.

100% of the scheme rate. 12 antenatal visits.





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.

How are these benefits covered?



Annual Flexi Benefit (AFB)

The AFB is an insured benefit. Fixed amounts cover day-to-day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions based on your chosen option. Day-to-day claims are paid directly from the AFB.



Above Threshold Benefit (ATB)

Once your AFB insured benefits are depleted, you enter the Self-Payment Gap, where you are liable to fund your day-to-day expenses until you reach the Annual Threshold. GP and specialist consultations, prescribed acute medication, radiology and pathology will accumulate to the Annual Threshold. Once you reach the Annual Threshold, the ATB becomes available.

The ATB provides additional benefit amounts for specified medical expenses.

Day-to-day benefits

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.
First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.

Specialists

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.
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.

Medicine for non-CDL conditions

47 non-CDL conditions.
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.
Cover is also provided for the 27 listed CDL conditions.

Acute medicines

Subject to the AFB, SPG and ATB.
25% co-payment on medicines where no generic is available.
MMAAP applies.

Over the counter medication and homeopathic medicines

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.
MMAAP applies.
ATB:
No benefits.

Basic radiology Black and white X-rays and ultrasound

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.

Day-to-Day Benefits (continued)

All specialised radiology Including MRI and CT scans	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, except for PMBs. Referral by a GP is required to avoid a 35% co-payment.	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 AFB. Sub-limits and protocols apply.
Pathology	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.	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.
Conservative dentistry Including consultations, preventative care, fillings, extractions including wisdom teeth, root canal treatment and infection control	100% of the scheme rate. Paid from the AFB. Subject to the AFB. Limited to R6 700 PB and subject to available AFB. ATB: No benefits.	Oxygen home ventilation	100% of the scheme rate. Paid from the AFB. Subject to protocols and pre-authorisation.
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 AFB. Subject to a sub-limit of R18 000 PB and R24 000 PMF. Subject to protocols. ATB: No benefits.	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. Limited to 60 days PMF. Paid from the AFB. Subject to protocols and pre-authorisation.
Optometry visits	Paid from the AFB. Two visits PB per annum. ATB: No benefits.	Antenatal classes	100% of the scheme rate. Subject to the AFB. Limited to 12 antenatal classes and a lactation consultation with a midwife and limited to R1 800 per pregnancy.
Lenses and contact lenses	100% of the scheme rate. Paid from the AFB, subject to a sub-limit of R5 900 PB. Subject to protocols. ATB: No benefits.	Antenatal visits	100% of the scheme rate. Limited to 12 antenatal visits with a GP, specialist or midwife. First paid from the Care Maximiser.
Frames	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.	Antenatal scans and maternity bag	Foetal scans limited to 2 x 2D scans PB per year and you can opt for a 3D scan (paid at the rate of a 2D scan). Maternity bag issued with registration on maternity programme.
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 AFB. Subject to a combined sub-limit of R12 500 PMF, in-and-out of hospital. ATB: No benefits.	International travel Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates. Register your journey and obtain a travel certificate on www.tic.co.za/compicare
Clinical psychologists and psychiatry	100% of the scheme rate. Clinical psychologists Paid from the AFB up to a sub-limit of R6 260 PMF. Psychiatry Paid from the AFB up 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.	Emergency room child benefit	One additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 550 per event. Paid from the Care Maximiser.
		Emergency roadside assistance and ambulance transportation provided by Netcare 911	100% of the scheme rate. In non-emergency cases, authorisation must be obtained from Netcare 911 at the time of transportation or within 24 hours thereof, failing which will result in a 25% co-payment.
		Hospital emergency room and casualty emergency visits not requiring admission. Excluding facility fees	Paid from the AFB.
		Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMBs.



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 treatment 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 specially negotiated tariffs.

Hospitalisation	100% of the agreed tariff. Any private hospital. Subject to pre-authorisation and managed care protocols.	Pathology	100% of the scheme rate. Unlimited. Subject to protocols.
GPs and specialist treatment while in hospital	Unlimited. Specialists paid at 150% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate.	Confinements	100% of the scheme rate. Unlimited. Subject to protocols.
Medication - only while in hospital	100% of scheme rate.	Alcoholism, drug dependence and narcotics	Unlimited for PMBs. Subject to pre-authorisation and protocols.
Medication on discharge from hospital (TTO)	Limited to 7 days per discharge. Subject to Reference Pricing (RP) and formularies.	Organ transplants, plasmapheresis, renal dialysis	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R60 000. Sub-limits per category apply.	Professional sports injuries	100% of the scheme rate. Subject to pre-authorisation and protocols.
Auxiliary services such as physiotherapy, psychology, etc.	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 as part of the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	Oncology including chemotherapy and radiotherapy	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.
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.	Biologicals and specialised medication	Pre-authorisation required. R360 000 PMF. Subject to pre-authorisation and protocols.
Psychology (non-psychiatric admissions)	Limited to R5 740 PMF. Subject to pre-authorisation and protocols.	Alternatives to hospitalisation	
All specialised radiology including MRI and CT scans	100% of the scheme rate. Unlimited. Pre-authorisation and medical motivation required for all MRI, CT Scans and high Resolution CT Scans. Subject to scheme protocols. No benefit for unauthorised scans, except for PMBs. R3 800 co-payment for each scan.	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.
Basic radiology	100% of the scheme rate. Unlimited. Subject to protocols.	Surgical procedures out-of-hospital	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.
		Refractive Eye Surgery	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.



Important to remember: This is a summary of the benefits. For full details, please consult the official Rules of CompCare Medical Scheme. In case of a dispute, the rules of CompCare Medical Scheme will apply. Benefits for members joining during the year will be prorated.

Always use a network hospital (where applicable) to avoid co-payments. In an emergency, go to the closest appropriate network hospital. If none are nearby, you may go to the nearest appropriate facility. 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.**