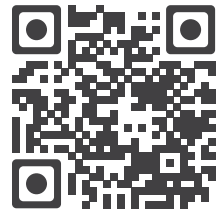


CompCare

Medical Scheme



SCAN ME

NETWORKX

Medical aid for international students

Under **\$30**

Per Month

R472 South African Rands
(2023 rates)



UNLIMITED
hospitalisation



UNLIMITED
doctor visits



Excellent
OUT-OF-HOSPITAL
benefits



EMERGENCY
ASSISTANCE,
including airlifts



PLAYING
SPORT?
We've got
you covered



REPATRIATION
COVER
via Universal 360°



RADIOLOGY,
chest x-ray
for visas
purposes

Complete Cover. Committed Care. CompCare.



HEALTHGUARD
INTERNATIONAL

CompCare in partnership with Healthguard

Administered by



UniversalTM

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

COMPCARE NETWORKX OPTION | 2023

In-hospital benefits

Overall Annual Limit (OAL)

Services covered in hospital

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

- Unlimited – subject to scheme protocols
- 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 R12 000 per family
- Radiology – MRI, CT and PET scans
- Pathology
- Confinements
- Psychiatric treatment – subject to pre-authorisation and protocols (PMB only)
- 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 700 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-authorized 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 320 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-authorized. No cover in case of voluntary use of non-Universal providers, or voluntary use of specialist without referral by a Universal Network GP
- X-rays for Visa purposes – one chest X-ray paid from risk
- 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 600 per beneficiary per year
R5 400 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 870 per beneficiary up to R3 120 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 R1 053 per beneficiary. Bi-focals and frames limited to R1 680 per beneficiary at a Universal Network optometrist, subject to AFB
- Out of hospital physiotherapy
- 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 R250 per event
- Flu vaccinations – one vaccination per beneficiary
- 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
- Oral contraceptives limited to R160 per beneficiary per month. Subject to medication formulary



Want to know more?

Gauteng

Tel: 0861 222 777

Email: student@universal.co.za

Walk-in office JHB

JCCI House

27 Owl Street

Cnr Empire Road, Milpark

Tel: 011 208 1005

Website

www.studentplan.co.za



08080001 – 3



connect@cimas.co.zw



CimasMedicalAid



0772 161 829



@CimasMedical



CimasConnect

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.

*Terms and conditions apply