

# DAY-TO-DAY BENEFITS

Subject to savings, AFB, SPG and ATB\*

Benefits are paid @ 100% of the scheme rate unless otherwise specified

## Consultations, procedures and materials

GP

Unlimited after threshold.

Specialist

Paid at 100% of the scheme rate.

An ATB limit of R4 150 PMF applies, subject to the overall above threshold limit.

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, gynaecologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years or where multiple visits to a specialist has been authorised.

Non-referral will attract a 30% co-payment.

## Medicines

Acute medicines

Prescription medicines – Schedule 3 and higher.

An ATB limit of R3 200 PMF applies, subject to the overall above threshold limit.

A 25% co-payment is applicable on non-generic products. Maximum Medical Aid Price (MMAP) applies to medicines where a generic product is available and might result in a co-payment.

Over the counter medicines (OTC)

Including homeopathic medicine and sport supplements with a NAPPI code.

No sub-limit in savings. Limited to R915 PB and R1 370 PMF in AFB to a maximum of R210 per event.

Does not accumulate to threshold.

## Radiology

Basic radiology

Including black and white X-rays and ultrasound

An ATB limit of R3 200 PMF applies, subject to the overall above threshold limit.

(Combined ATB limit with pathology)

Specialised radiology

MRI, CT, High resolution CT and PET scans.

Combined limit with in-hospital benefit limit. First R2 250 payable from savings, AFB and SPG with accumulation to the threshold.

## Pathology

An ATB limit of R3 200 PMF applies, subject to the overall above threshold limit.

(Combined ATB limit with basic radiology)

## Dentistry

Basic dentistry

Unlimited after threshold.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays.

Subject to a sub-limit of R12 000 PB and R16 800 PMF.

Subject to protocols. A quotation must be submitted for approval prior to the commencement of the treatment. No benefit for orthodontic treatment for patients older than 18 years. Orthodontic treatment limited to R17 500 per lifetime.

## Optometry

100% of SAOA rate (Subject to PMSA and AFB)

Eye test

2 Visits PB

Lenses and contact lenses

Sub-limit of R3 850 PB

Frames

1 Frame PB per year sub-limit of R1 600 included in lenses limit.

## Auxiliary services

Audiologists, chiropractors, dietitians, homeopaths (consultations), naturopaths (consultations), speech and occupational therapists, chiropody, podiatry, social workers, physiotherapy and biokinetics

Collective sub-limit of R7 000 PMF in and out of hospital.

## Surgical and medical appliances

Wheelchairs, crutches, glucometers, hearing aids, artificial eyes, external fixators and wearable devices (wearable devices subject to NAPPI code and sub-limit of R3 000 PMF)

Pre-authorisation required and sub-limits apply.

# HOSPITAL BENEFIT/

Major medical expenses

Benefits are unlimited and paid @ 100% of the scheme rate unless otherwise specified.

Overall Annual Limit (OAL) unlimited

## Hospitalisation

Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website ([compcare.co.za](http://compcare.co.za)) for list of co-payments and exclusions.

## Hospital related accounts

GP visits, specialists, radiology, surgical procedures blood transfusions

Specialists paid at 100% of the scheme rate

## Medicine in hospital

## Medicine upon discharge (TTO)

7 days' supply

## Surgical Procedures out-of-hospital

## Organ transplants

## Pathology and Basic Radiology

## Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc.

Combined limit of R7 000 PMF in and out of hospital

## Surgical prostheses

Overall limit of R40 000 PMF

Sub-limits apply

Contact our pre-authorisation department to find out about our special arrangements for hip and knee replacements

## Specialised radiology

MRI, CT, High resolution CT and PET scans.

Combined limit with in-hospital benefit limit.

First R2 250 payable from savings, AFB and SPG with accumulation to the threshold.

## Radial Keratotomy and excimer laser

Limited to R6 400 per eye inclusive of hospitalisation and related costs

**PLEASE NOTE: Treatment subject to pre-authorisation, case management, specialist programmes and scheme protocols.**



## HOSPITAL PRE-AUTHORISATION PROCESS

It's the member's responsibility to make sure that all non-emergency hospital admissions are authorised by either phoning 0860 111 090 or by sending an e-mail to [preauthorisation@universal.co.za](mailto:preauthorisation@universal.co.za). These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. The hospital utilisation management team will need the following details: Name of the patient being admitted, medical

aid number, hospital name, date of admission, name and practice number of admitting practitioner, ICD 10, and procedural codes. A penalty will apply for late requests for authorisations. Emergency admissions must be authorised on the first working day after admission. There will be a penalty if the member does not obtain authorisation. This also applies to oncology treatment.

\*Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R6 660 PB and R11 770 PMF.