

DAY-TO-DAY BENEFITS

Subject to AFB

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

Consultations, procedures and materials

GP

M: 6 Visits; M+1: 8 Visits; M + 2: 10 Visits; M + 3+: 11 Visits
Once AFB is exhausted the balance of the visits are available and paid from risk (excluding procedure and material costs).

Specialist

Paid at 100% of the scheme rate.

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

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.

Limited to R600 PB and R1 100 PMF and a maximum of R180 per event.

Radiology

Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans.

Combined limit with in-hospital benefit and limited to R25 200 PMF.

Pathology

Paid from AFB.

Combined limit with in-hospital benefit and limited to R31 600 PMF.

Dentistry

Basic dentistry

Conservative and restorative.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays.

Sub-limit of R2 100 PB.

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

Eye test

1 Visit PB every second year

Lenses and contact lenses

Sub-limit of R1 650 PB and R4 750 PMF

Frames

1 Frame PB per year sub-limit of R840 included in lenses limit

Radial Keratotomy and excimer laser

Subject to AFB and optical 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 R3 000 PMF in-and-out of hospital

Surgical and medical appliances

Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators

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) 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

Combined in-and-out of hospital limit of R31 600 PMF

Basic Radiology

Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc.

Combined limit of R3 000 PMF in and out of hospital

Surgical prostheses

Overall limit of R32 850 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

Limited to R25 200 PMF. Combined limit with in-hospital benefit limit.

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. 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.