

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 200% 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.

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.

No sub-limit in savings. Limited to R1 060 PB and R1 500 PMF in AFB to a maximum of R220 per event. Does not accumulate to threshold.

Radiology

Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans.

Unlimited. First R2 500 payable from PMSA, AFB and SPG with accumulation to the threshold.

Pathology

Dentistry

Basic dentistry

Conservative and restorative.

Unlimited after threshold.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays.

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 R4 800 PB

Frames

1 Frame PB per year sub-limit of R2 450. 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 R10 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-authorization 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 200% 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 R10 000 PMF in and out of hospital

Surgical prostheses

Overall limit of R46 960 PMF

Sub-limits apply

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

Specialised radiology

MRI, CT, High resolution CT and PET scans.

Unlimited. First R2 500 payable from PMSA, AFB and SPG

with accumulation to the threshold.

Radial Keratotomy and excimer laser

Limited to R7 160 per eye inclusive of hospitalisation and related costs

PLEASE NOTE: Treatment subject to pre-authorization, 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.

***Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 000 PB and R18 400 PMF.**