

# DAY-TO-DAY BENEFITS

Subject to Day-to-day\* and Day-to-day Extender Benefits\*\*

All benefits are paid @ 100% of the scheme rate unless otherwise specified.

## Consultations, procedures and materials ●

GP\*  
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.

## 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 medicine (OTC)\*

Including homeopathic medicine and sport supplements with a NAPPI code.

Limited to R290 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 specialised radiology benefit. Limited to R25 960 PMF.

A co-payment of R2 100 will apply.

## Pathology\*\* ●

Combined in and out of hospital limit of R31 765 PMF

## Dentistry ●

Basic dentistry\*\*

Conservative and restorative.

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.

A co-payment of R1 800 will apply

## Optometry ●

100% of SAOA rate. Limited to R5 300 PMF. Benefit every second year.

Eye test

1 Visits PB

Lenses and contact lenses

Lenses subject to optometry limit. Contact lenses limited to R930 PB.

Frames

1 Frame PB. Limited to R520 PB.

## Auxiliary services\* ●

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

Collective sub-limit of R4 000 PMF in and out of hospital

## Surgical and medical appliances\* ●

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

Pre-authorization required and sub-limits apply.

## Radial keratotomy and excimer laser ●

Subject to optical benefit, pre-authorization and protocols.

# 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

## Medicine in hospital ●

## Medicine upon discharge (TTO) ●

7 days' supply

## Surgical Procedures out-of-hospital ●

## Organ transplants ●

PMBs.

## Pathology ●

Combined in and out of hospital limit of R31 765 PMF

## Auxillary services in hospital ●

Physiotherapy, biokinetics, dietitians, etc.

Combined limit of R4 000 PMF in and out of hospital

## Surgical prostheses ●

Overall limit of R34 250 PMF

Sub-limits apply

## Specialised radiology ●

MRI, CT, High resolution CT and PET scans.

Combined limit with in-hospital specialized radiology benefit.

Limited to R25 960 PMF. A co-payment of R2 100 will apply.

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



## \*EXCLUSIONS

Apart from the general exclusions of the scheme as listed under the hospitalisation section and related treatment for the following procedures are excluded, unless a PMB:

- All spinal surgery (including neck), except in the event of acute injury.
- All joint replacements, except in the event of acute injury.
- Laminectomy and spinal fusion.



## 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.