

DAY-TO-DAY BENEFITS

Subject to savings

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

Consultations, procedures and materials

GP
Specialist

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.
Over the counter medicines (OTC)

Including schedule 0, 1 and 2 medicines and homeopathic medicines.

Radiology

Basic radiology

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, High resolution CT and PET scans.

The first R1 000 is paid from available savings.

Pathology

Paid from annual savings. Combined in-and-out of hospital limit of R28 700 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.

Optometry

100% of SAOA rate

Eye test

1 Visit PB

Lenses and contact lenses

Frames

Radial Keratotomy and excimer laser

Auxiliary services

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

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 a 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 R28 700 PMF

Basic Radiology

Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc.

Limited to R2 500 PMF

Surgical prostheses

Overall limit of R31 400 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 R20 500. The first R1 000 is paid from available savings.

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.