

# 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.  
Combined in and out of hospital limit of R20 000 PMF.

### Pathology

Combined in-and-out of hospital limit of R22 500 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-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

Voluntary, non-emergency admissions to a non-Netcare facility will attract a co-payment of 30% with a minimum of R10 000. Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website ([compcare.co.za](http://compcare.co.za)) for a list of co-payments and exclusions\*  
Specified elective procedures may have a co-payment (excluding PMBs), please refer to our website ([compcare.co.za](http://compcare.co.za)) for a list of co-payments and exclusions. Benefits provided through the Netcare group of private hospitals.

### 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 R22 500 PMF.

### Basic Radiology

Combined in and out of hospital limit of R20 000 PMF.

### Auxillary services in hospital

Physiotherapy, biokinetics, dietitian, etc.

Limited to R3 000 PMF.

### Surgical prostheses

Overall limit of R32 500 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

Limited to R20 000 PMF.

**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](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.