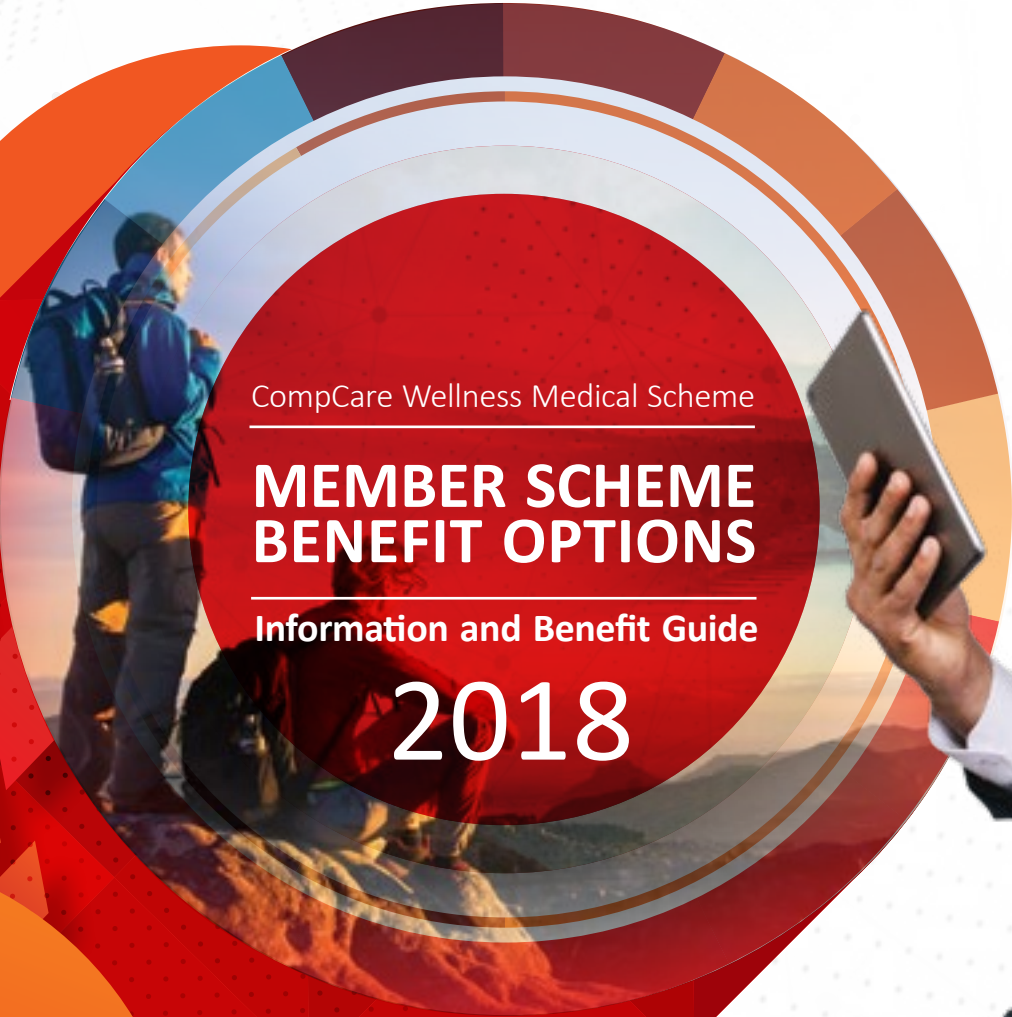


/ WELLNESS / INNOVATION / INTEGRITY / DETERMINED / PERFORMANCE / MOTIVATED / INSPIRED / VICTORY / ACTIVE / WELLNESS / INNOVATION / INTEGRITY / DETERMINED / PERFORMANCE / MOTIVATED / INSPIRED / VICTORY / ACTIVE /

CompCare  
Wellness



CompCare Wellness Medical Scheme

# MEMBER SCHEME BENEFIT OPTIONS

Information and Benefit Guide

# 2018



THE HEART OF HEALTHCARE



Universal  
Administrators

INSPIRED / VICTORY / ACTIVE / INVOLVING / PROGRESSIVE / CHAMPIONS / WINNING / SUCCESS / ENERGY / INSPIRATION / INTELLIGENT /

CompCare Wellness Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd

A photograph of two hikers on a mountain peak at sunset. One hiker is standing on the left, wearing a blue jacket and a large backpack, looking out over the landscape. The other hiker is sitting on a rock on the right, wearing a red jacket and a backpack, also looking out. The background shows a vast mountain range under a warm, golden sky. In the top left corner, there are several overlapping white geometric shapes (parallelograms and rectangles) of varying sizes and orientations, creating a modern, abstract design element.

# ACHIEVE YOUR OPTIMAL HEALTH WITH COMPCARE WELLNESS MEDICAL SCHEME

*Live your best life - CompCare Wellness is a patient-centric healthcare product, designed for affordability and universal benefits, for both you and your family.*

**Thanks to our Universal approach to patient-care services and state-of-the-art technology we are able to:**

- Improve access to quality healthcare
- Offer economical value to each member
- Provide various benefits that take care of you and your family

**CompCare Wellness has adopted a primary healthcare approach, which forms the basis for the effective delivery of healthcare services to our members across South Africa - by embracing five types of care:**

- **Promotive** – Health checks, disease management programme, healthy eating plans, exercise prescriptions and emotional wellness support.
- **Preventative** – Immunisations, pap smears, PSA tests, mammograms and optometric checks.
- **Curative** – Unlimited hospitalisation, comprehensive day-to-day benefits, unlimited GP visits, unlimited basic dental and an unlimited oncology programme.
- **Rehabilitative** – Step-down facilities, post-operative benefits as well as home care.
- **Supportive/Palliative** – Emotional wellness support, disease management programme, HIV management programme, Hospice / home care.

**Our focus is on preventing illness and promoting health, this approach ensures accessibility to all members at all times, independent of the availability of day-to-day benefits.**

# PRODUCT OVERVIEW

## PINNACLE / PINNACLE ED

**The Pinnacle option** is a new generation option that offers comprehensive cover, with unlimited hospital cover and superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

**The Pinnacle ED option** is a new generation option that offers comprehensive cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits. This option offers a savings account, flexible risk cover and extensive above-threshold benefits.

## DYNAMIX / DYNAMIX ED

**The Dynamix option** is a new generation option that offers complete cover with unlimited hospital cover and extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

**The Dynamix ED option** is a new generation option that offers complete cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers extensive day-to-day benefits. This option offers a savings account, flexible risk cover and ample above-threshold benefits.

## SYMMETRY / SYMMETRY ED

**The Symmetry option** is a new generation option that offers exceptional cover with unlimited hospital cover and above average day-to-day benefits, consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi-risk benefits are exhausted.

**The Symmetry ED option** is a new generation option that offers exceptional cover, with unlimited hospital cover within the Netcare Group of private hospitals. The plan offers superior day-to-day benefits consisting of a savings account and flexible risk cover. Additional cover for specified services is available once the savings account and flexi risk benefits are exhausted.

## MUMED / MUMED ED

**The Mumed option** is a traditional option that offers above average cover, with unlimited hospital cover and sufficient day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

**The Mumed ED option** is a traditional option that offers above average cover, with unlimited hospital cover, within the Netcare Group of private hospitals. The plan offers day-to-day benefits consisting of flexible risk cover. Additional cover for specified services are available once the flexi-risk benefit is exhausted.

## UNISAVE

**The UniSave option** offers comprehensive unlimited hospital cover. A flexible savings account allows a member to pay for day-to-day healthcare requirements at the member's own discretion.

## AXIS / AXIS ED

**The Axis option** is a premium comprehensive private hospital benefit plan with post-operative rehabilitation benefits, as well as wellness benefits, for complete peace of mind.

**The Axis ED option** is a premium comprehensive private hospital benefit plan within the Netcare Group of private hospitals. The plan offers post-operative rehabilitation benefits, as well (Dis-Chem pharmacies) and wellness benefits, for complete peace of mind.

## NETWORKX / NETWORKX ED

**The NetworkX option** is an affordable healthcare plan offering exceptional value to students and lower-income employees, and provides essential cover within the Universal Healthcare Provider Network.

**The NetworkX ED option** is an affordable healthcare plan with exceptional value for lower-income employees. The plan offers comprehensive hospital benefits within a network of public and private hospitals and offers essential day-to-day cover within the Universal Healthcare Provider Network.



# COMPCARE OPTIONS AND BENEFITS FOR 2018

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>IN-HOSPITAL BENEFITS</b>							
Hospitalisation- private hospitals and nursing homes	200% of the scheme rate. Cover provided in a private ward. Treatment subject to pre-authorization, case management and scheme protocols	100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols	100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols	100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols	100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols	100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols	Network of private hospitals. 100% of the scheme rate. Treatment subject to pre-authorization, case management and scheme protocols
Efficiency Discounted (ED) Option. Members can select Designated Service Providers (DSP's) for in-hospital services and chronic medicines upon which contributions will be discounted	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy-including Dis-Chem Courier pharmacies	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy-including Dis-Chem Courier pharmacies	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy-including Dis-Chem Courier pharmacies	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy-including Dis-Chem Courier pharmacies	No ED option	Netcare hospitals and chronic medicines from a Dis-Chem pharmacy-including Dis-Chem Courier pharmacies	Network of private and public hospitals
Overall Annual Limit (OAL)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	R1 160 000 PMF. PMBs unlimited
Co-payments and exclusions	See list of co-payments	See list of co-payments	See list of co-payments	See list of co-payments	See list of co-payments	See list of co-payments and exclusions	See list of exclusions
GPs and specialists	Unlimited. Specialists paid at 200% of the scheme rate (excluding dental treatment) and GPs paid at 100% of the scheme rate	Unlimited. 100% of the scheme rate	Unlimited. 100% of the scheme rate	Unlimited. 100% of the scheme rate	Unlimited. 100% of the scheme rate	Unlimited. 100% of the scheme rate	Limited to OAL. 100% of the scheme rate
Medication- only while in hospital	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost	100% of cost	100% of the scheme cost
Medication on discharge from hospital (TTO)- subject to Reference Pricing (RP) and formularies	Limited to 7 days per discharge	Limited to 7 days per discharge	Limited to 7 days per discharge	Limited to 7 days per discharge	Limited to 7 days per discharge	Limited to 7 days per discharge	Limited to 7 days and R290 per discharge
Surgical prostheses	Subject to pre-authorization and protocols. Limited to an overall limit of R55 250. Sub-limits per category apply	Subject to pre-authorization and protocols. Limited to an overall limit of R46 960. Sub-limits per category apply	Subject to pre-authorization and protocols. Limited to an overall limit of R41 440. Sub-limits per category apply	Subject to pre-authorization and protocols. Limited to an overall limit of R38 650. Sub-limits per category apply	Subject to pre-authorization and protocols. Limited to an overall limit of R37 020. Sub-limits per category apply	Subject to pre-authorization and protocols. Limited to an overall limit of R35 920. Sub-limits per category apply	PMB only Subject to pre-authorization and protocols. Sub-limits apply. Subject to OAL
Physiotherapy in hospital	Unlimited	Unlimited	Limited to R7 360 PMF	Limited to R6 315 PMF	Limited to R6 840 PMF	Limited to R6 840 PMF	Subject to OAL and clinical protocols

## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORKX
<b>IN-HOSPITAL BENEFITS (continued)</b>							
Psychiatric treatment in hospital	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs	21 days PMF in a hospital with a psychiatric facility or a mental health institution. Subject to protocols and PMBs
Psychology : non-psychiatric admissions	Limited to R3 683 PMF	Limited to R3 150 PMF	Limited to R2 630 PMF	Limited to R2 105 PMF	Limited to R1 575 PMF	Limited to R1 575 PMF	No benefit
All specialised radiology including MRI, CT and PET scans	100% of the scheme rate. Unlimited. Pre-authorization required for all MRI and CT scans. High resolution CT Scans/ PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 500 paid from available PMSA. Accumulates to threshold, except PMBs	100% of the scheme rate. Unlimited. Pre-authorization required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes. The first R2 250 paid from available PMSA. Accumulates to threshold, except PMBs	100% of the scheme rate. Limited to R26 310 p.a. unless otherwise pre-authorized. Pre-authorization required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 500 is paid from available PMSA	100% of the scheme rate. Limited to R23 150 p.a. unless otherwise pre-authorized. Pre-authorization required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes	100% of the scheme rate. Limited to R18 945 p.a. unless otherwise pre-authorized. Pre-authorization required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes. The first R1 000 is paid from available PMSA	100% of the scheme rate. Limited to R21 050 p.a. unless otherwise pre-authorized. Pre-authorization required for all MRI and CT scans. High resolution CT scans/PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes	100% of the scheme rate, subject to protocols and DSP. Pre-authorization required for all MRI and CT scans. High resolution CT scans/ PET scans subject to special medical motivation and pre-authorization. No benefit for unauthorised scans. No benefit for screening purposes. Subject to OAL. PMB only
Basic radiology	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols
Pathology	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Unlimited. Subject to scheme protocols	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R31 575 PMF	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R28 940 PMF	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R26 310 PMF	100% of the scheme rate. Subject to scheme protocols. Combined in-and-out of hospital limit of R23 680 PMF	100% of the scheme rate. Subject to OAL, case management and protocols
Confinements	100% of the scheme rate. Subject to pre-authorization and protocols. 2 x 2D Scans	100% of the scheme rate. Subject to pre-authorization and protocols. 2 x 2D Scans	100% of the scheme rate. Subject to pre-authorization and protocols. 2 x 2D Scans	100% of the scheme rate. Subject to pre-authorization and protocols. 2 x 2D Scans	100% of the scheme rate. Subject to pre-authorization and protocols. 2 x 2D Scans	Subject to pre-authorization and protocols.	Subject to pre-authorization and protocols.
Alcoholism, drug dependence and narcotics	PMB only	PMB only	PMB only	PMB only	PMB only	PMB only	PMB only
Organ transplants, plasmapheresis, renal dialysis	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details	Subject to pre-authorization and protocols. PMB only – refer to scheme rules for details
Professional sports injuries	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols	Subject to pre-authorization and protocols

## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>ALTERNATIVES TO HOSPITALISATION</b>							
Oncology including chemotherapy and radiotherapy	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies	Unlimited. Subject to pre-authorisation and protocols. Oncology formulary applies
Biological agents and specialised medication	Pre-authorisation required. R260 000 PMF. protocols apply	Pre-authorisation required. R194 710 PMF. protocols apply. 25% co-payment on non-PMB medicines	Pre-authorisation required. R130 500 PMF. protocols apply. 25% co-payment on non-PMB medicines	Pre-authorisation required. R130 500 PMF. protocols apply. 25% co-payment on non-PMB medicines	Pre-authorisation required. R130 500 PMF. protocols apply. 25% co-payment on non-PMB medicines	Pre-authorisation required. R130 500 PMF. protocols apply. 25% co-payment on non-PMB medicines	PMB only. Subject to protocols and OAL
Step-down nursing facilities, hospice and rehabilitation	Unlimited. Subject to pre-authorisation and clinical guidelines	Unlimited. Subject to pre-authorisation and clinical guidelines	Unlimited. Subject to pre-authorisation and clinical guidelines	Unlimited. Subject to pre-authorisation and clinical guidelines	Unlimited. Subject to pre-authorisation and clinical guidelines	Unlimited. Subject to pre-authorisation and clinical guidelines	Limited to OAL. Subject to pre-authorisation and clinical guidelines
Surgical procedures out-of-hospital	Unlimited. Subject to pre-authorisation and protocols	Unlimited. Subject to pre-authorisation and protocols	Unlimited. Subject to pre-authorisation and protocols	Unlimited. Subject to pre-authorisation and protocols	Unlimited. Subject to pre-authorisation and protocols	No benefit unless in lieu of hospitalisation. Subject to pre-authorisation and protocols	Limited to OAL. Subject to pre-authorisation. Procedures in GP's rooms subject to DSP only. Procedures in specialist's rooms subject to referral by Universal Network GP
Radial keratotomy and excimer laser	Annual limit of R6 570 per eye. Subject to pre-authorisation and protocols. Limit include all services rendered : hospitalisation and all related costs	Annual limit of R5 890 per eye. Subject to pre-authorisation and protocols. Limit include all services rendered : hospitalisation and all related costs	Annual limit of R4 420 per eye. Subject to pre-authorisation and protocols. Limit include all services rendered : hospitalisation and all related costs	Subject to optical benefit. Subject to pre-authorisation and protocols	Subject to optical benefit. Subject to pre-authorisation and protocols	No benefit	No benefit
Wound care in lieu of hospitalisation	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols	Subject to pre-authorisation and protocols



## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>DAY-TO-DAY BENEFITS</b>							
Day-to-day benefits	<p>Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB), where after the member will be liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the annual threshold at the scheme rate. Once the annual threshold is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R9 150 PB and R18 310 PMF – further sub-limits apply</p>	<p>Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once the PMSA becomes exhausted claims are paid from an Annual Flexi Benefit (AFB), where after the member is then liable for the Self-payment Gap (SPG). During this period, claims will accumulate to the threshold level at the scheme rate. Once the threshold level is reached, specific Above Threshold Benefits (ATB) will be available up to a limit of R6 100 PB and R12 200 PMF – further sub-limits apply</p>	<p>Claims are paid initially from the annual Personal Medical Savings Account (PMSA). Once PMSA becomes exhausted claims are paid from the Annual Flexi Benefit (AFB). Total annual day-to-day benefits: P: R8 352, A: R6 480 C: R2 304</p> <p>When AFB is exhausted additional benefits are available</p>	<p>Benefits are paid from the Annual Flexi Benefit (AFB). AFB limits: P: R5 658, A: R3 549 C: R1 408</p> <p>When AFB is exhausted additional benefits are available</p>	<p>Claims are paid from the annual Personal Medical Savings Account (PMSA): P: R6 468, A: R5 544 C: R1 944</p>	<p>Post-operative rehabilitation – physiotherapy, occupational therapy and biokinetics. Limited to R3 260 14 Days</p> <p>Must be pre-authorized. Protocols apply</p> <p>Only applies to PMBs</p>	<p>If services are rendered by Universal Network Providers, benefits will be paid at 100% of the scheme rate up to specified limits.</p> <p>Specialist visits, basic dentistry, optometry, and non-formulary prescription medication are subject to the Annual Flexi Benefit (AFB), limited to: R2 940 PB and R4 380 PMF</p>
General practitioners	<p>100% of the scheme rate. Include consultation fees, procedure and material costs.</p> <p>Subject to PMSA, AFB and SPG. After threshold unlimited</p>	<p>100% of the scheme rate. Include consultation fees, procedure and material costs.</p> <p>Subject to PMSA, AFB and SPG. After threshold unlimited</p>	<p>100% of the scheme rate. Include consultation fees, procedure and material costs.</p> <p>Paid from PMSA and AFB. Once AFB is exhausted consultations (excluding procedures and materials) are unlimited</p>	<p>100% of the scheme rate. Include consultation fees, procedure and material costs.</p> <p>Paid from AFB first, limited to M: 6 visits, M+1: 8 visits, M+2: 10 visits, M+3+: 11 visits</p> <p>Once AFB is exhausted, the balance of visits are available and paid from risk (excluding procedures and materials)</p>	<p>100% of the scheme rate. Include consultation fees, procedure and material costs.</p> <p>Paid from PMSA</p>	<p>PMBs only</p>	<p>Unlimited at the member's selected Universal Network GP. 2 extra visits PB at other Universal Network GPs. 2 visits PB outside of the Universal Network per annum.</p> <p>For out-of-network visits, a 20% co-payment applies which needs to be paid at the point of service, limited to a R1 000 per event (including medicine, pathology and radiology), excluding facility fees</p>

## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>DAY-TO-DAY BENEFITS</b>							
Specialists	200% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 400 PMF apply, subject to overall above threshold limit. Referral from a GP required	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 790 PMF apply, subject to overall above threshold limit. A 30% co-payment will apply to specialist visits without a GP referral	100% of the scheme rate. Paid from PMSA and AFB. Referral from a GP required. A 30% co-payment will apply to specialist visits without a GP referral	100% of the scheme rate. Paid from AFB. Referral from a GP required. A 30% co-payment will apply to specialist visits without a GP referral	100% of the scheme rate. Paid from PMSA. Referral from a GP required. A 30% co-payment will apply to specialist visits without a GP referral	PMBs only	100% of the scheme rate. 2 visits PB- max 3 PMF per annum. Two additional antenatal visits per pregnancy. Subject to referral by a DSP network GP and pre-authorization of each specialist visit. Referrals limited to specialists located at DSP Network hospitals only. Subject to AFB
Chronic medicines	Subject to formulary. RP applies. 72 conditions (26 CDL conditions + 46 non-CDL conditions). Unlimited for registered CDL conditions. Non-CDL chronic medication is paid from PMSA, AFB and SPG first. Limited to R11 680 PB and R17 500 PMF. ATB limited to R4 400 PMF, subject to the overall Above Threshold Limit.	Subject to formulary. RP applies. 63 conditions (26 CDL conditions + 37 non-CDL conditions). Unlimited for registered CDL conditions. Paid from AFB first. Non-CDL Chronic medication is paid from PMSA, AFB and SPG first. Limited to R8 780 PB, max of R14 680 PMF. ATB limited to R2 920 PMF, subject to the overall Above Threshold Limit	Subject to formulary. RP applies. 46 conditions (26 CDL conditions + 20 non-CDL conditions) Subject to PMSA and AFB. Limited to R4 315 PB, R6 480 PMF. Once benefit depleted CDL medicines unlimited	Subject to formulary. RP applies. Unlimited for 36 conditions (26 CDL conditions + 10 non-CDL conditions). Subject to AFB. Once AFB is depleted CDL medicines are unlimited	Subject to formulary. RP applies. Unlimited for the 26 CDL conditions	Subject to formulary RP applies. Unlimited for the 26 CDL conditions	Subject to formulary RP applies. Unlimited for the 26 CDL conditions - unlimited only if prescribed by a Universal Network provider and dispensed within a Universal Network pharmacy or dispensing DSP doctor. Any voluntary use of chronic medicine prescribed by out-of-network provider and any non-formulary medicines are for member's own account, unless pre-authorized by the medical advisor. PMB rules apply
Acute medicines- schedule 3 and higher	Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R3 650 PMF, subject to overall ATB	Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R2 940 PMF, subject to overall ATB	Paid from PMSA and AFB	Paid from AFB	Paid from PMSA	PMBs only	Unlimited if prescribed by a Universal Network GP, or by a specialist provided member was referred by a Universal Network GP. Subject to formulary. No cover for non-formulary medicines unless otherwise pre-authorized. No cover in cases of voluntary use of non-DSPs, or voluntary use of specialists without referral by a Universal Network GP



## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>DAY-TO-DAY BENEFITS (continued)</b>							
Over the counter medication - including schedule 0, 1 and 2 medicines and homeopathic medicines	Subject to PMSA and AFB. Max per event R200. Subject to RP. Limited to R970 PB and R1 380 PMF. Does not accumulate to threshold	Subject to PMSA and AFB. Max per event R190. Subject to RP. Limited to R840 PB and R1 260 PMF. Does not accumulate to threshold	Paid from PMSA and AFB. Limited to R680 PB and R1 105 PMF. Max per event R170. Subject to RP	Paid from AFB. Limited to R560 PB and R1 000 PMF. Max per event R160. Subject to RP	Paid from AFB. Limited to R525 PB and R950 PMF. Max per event R150. Subject to RP	No benefit	No benefit
Basic radiology- X-rays including black and white X-rays and Ultrasound  Pregnancy scans limited to two 2D scans	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 395 PMF apply, subject to overall ATB. Combined limit with pathology	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R2 925 PMF apply, subject to overall ATB. Combined limit with pathology	100% of the scheme rate. Paid from PMSA and AFB	100% of the scheme rate. Paid from AFB	100% of the scheme rate. Paid from PMSA	In-hospital benefit only	100% of the scheme rate. Unlimited when clinically appropriate within the Universal Network and subject to referral by a Universal Network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network provider, or by a specialist following referral by a Universal Network GP (except when involuntary)
All specialised radiology including MRI, CT and PET scans	Combined with in-hospital specialised radiology benefit. The first R2 500 is payable from the PMSA, AFB and SPG with accumulation to the threshold	Combined with in-hospital specialised radiology benefit. The first R2 250 is payable from the PMSA, AFB and SPG with accumulation to the threshold	Combined with in-hospital specialised radiology benefit. Limited to R26 310 PMF. The first R1 500 is payable from the PMSA and AFB	Combined with in-hospital specialised radiology benefit. Limited to R23 150 PMF	Subject to in-hospital specialised radiology benefit	In-hospital benefit only	100% of the scheme rate. PMBs only. Subject to pre-authorisation and case management
Pathology	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R4 395 PMF apply, subject to overall ATB. Combined limit with radiology	100% of the scheme rate. Initially paid from PMSA, AFB and SPG. Thereafter an ATB of R2 925 PMF apply, subject to overall ATB. Combined limit with radiology	100% of the scheme rate. Paid from PMSA and AFB subject to scheme protocols. Combined in-and-out of hospital limit of R30 000 PMF	100% of the scheme rate. Subject to AFB	100% of the scheme rate. Subject to PMSA	PMBs only	100% of the scheme rate. Unlimited when clinically appropriate within a DSP Network and subject to referral by a DSP network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a Universal Network provider, or by a specialist following referral by a DSP network GP (except when involuntary)
Conservative dentistry including consultations, preventative care, fillings, extractions and infection control	100% of the scheme rate. Subject to PMSA, AFB and SPG. After threshold unlimited	100% of the scheme rate. Subject to PMSA, AFB and SPG	100% of the scheme rate. Subject to PMSA and AFB.	100% of the scheme rate. Subject to AFB	100% of the scheme rate. Subject to PMSA	PMBs only	1 Consultation per PB per annum. Limited to R1 500 PB and R2 500 PMF

## COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>DAY-TO-DAY BENEFITS (continued)</b>							
Specialised dentistry, including maxillofacial and oral surgery- in-and-out of hospital combined limit	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R16 840 PB. Subject to protocols. Orthodontic treatment limited to R17 500 per lifetime	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R11 050 PB and R15 360 PMF. Subject to protocols. Orthodontic treatment limited to R17 500 per lifetime	100% of the scheme rate. Paid from family PMSA and AFB. Limited to R7 360 PB. Subject to scheme protocols. Implants: for member's account. Orthodontic treatment limited to R17 500 per lifetime	100% of the scheme rate. Paid from AFB. Limited to R1 950 PB. Subject to scheme protocols Implants for member's account	100% of the scheme rate. Subject to PMSA	PMBs only	PMBs only
Optometry visits	Subject to PMSA and AFB. 2 visits PB per annum	Subject to PMSA and AFB. 2 visits PB per annum	Subject to PMSA and AFB. 1 visit PB every second year	Subject to AFB. 1 visit PB every second year	Subject to PMSA. 1 Visit PB every second year	PMBs only	Subject to AFB. 1 Visit PB every second year
Lenses, frames and contact lenses	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R4 395 PB. Subject to protocols	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R3 525 PB. Subject to protocols	100% of the scheme rate. Paid from PMSA and AFB, subject to a sub-limit of R1 970 PB every second year. Subject to protocols	100% of the scheme rate. Paid from AFB, subject to a sub-limit of R1 520 PB and R4 340 every second year. Subject to protocols	100% of the scheme rate. Subject to PMSA. Benefit available every second year	PMBs only	Clear plastic single vision (limited to R820) or bi-focal lenses (limited to R1 315) every second year. No benefit for contact lenses. Subject to AFB
Frames	Sub-limit of R2 230 per frame. 1 frame PB per annum, included in lenses limit	Sub-limit of R1 470 per frame. 1 frame PB per annum, included in lenses limit	Sub-limit of R1 040 per frame. 1 frame PB every second year, included in lenses limit	Sub-limit of R765 per frame. 1 frame PB every second year, included in lenses limit	Subject to PMSA. Benefit available every second year	PMBs only	Included in lenses benefit
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dieticians, chiropractors (X-rays excluded), audiologist, physiotherapy and biokinetics Subject to protocols	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R7 300 PMF. Thereafter an ATB for physiotherapy and bio kinetics of R2 890. Subject to overall ATB and provided that the collective limit of R7 300 is not depleted	100% of the scheme rate. Initially paid from PMSA, AFB and SPG up to a collective sub-limit of R5 080 PMF. No benefit for physiotherapy and bio kinetics above ATB	100% of the scheme rate. Paid from PMSA and AFB. Collective limit of R2 940 PB	100% of the scheme rate. Paid from AFB. Collective limit of R1 895 PB and R3 000 PMF	100% of the scheme rate. Paid from PMSA	PMBs only	PMBs only
Clinical psychologists	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R4 810 PMF	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R2 210 PMF	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R1 800 PMF	100% of the scheme rate. Paid from AFB up to a sub-limit of R1 575 PMF	100% of the scheme rate. Paid from PMSA	PMBs only	PMBs only
Surgical and medical appliances e.g. wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators	Pre-authorization required. Sub-limits and protocols apply. Subject to PMSA and AFB	Pre-authorization required. Sub-limits and protocols apply. Subject to PMSA and AFB	Pre-authorization required. Sub-limits and protocols apply. Limited to PMSA and AFB	Pre-authorization required. Sub-limits and protocols apply. Subject to AFB	Pre-authorization required. Sub-limits and protocols apply. Subject to PMSA	PMBs only	PMBs only
Psychiatry	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R16 050 PMF	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R9 470 PMF	100% of the scheme rate. Paid from PMSA and AFB up to a sub-limit of R6 100 PMF	100% of the scheme rate. Paid from AFB up to a sub-limit of R4 000 PMF	100% of the scheme rate. Paid from PMSA	PMBs only	PMBs only

# COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>DAY-TO-DAY BENEFITS (continued)</b>							
Psychosocial counselling benefit	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk	Unlimited telephonic counselling sessions with psychologists or social workers with an option for referral to one-on-one sessions with qualified psychologists or social workers to a maximum of 3 referral sessions PB per annum. Paid from risk
Oxygen home ventilation	100% of the scheme rate. Subject to PMSA and AFB	100% of the scheme rate. Subject to PMSA and AFB	100% of the scheme rate. Subject to PMSA and AFB	100% of the scheme rate. Subject to AFB	100% of the scheme rate. Subject to PMSA	PMBs only	PMBs only
Private nursing homes	100% of the scheme rate. Limited to 60 days PMF. Subject to PMSA and AFB	100% of the scheme rate. Limited to 60 days PMF. Subject to PMSA and AFB	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA and AFB	100% of the scheme rate. Limited to 20 days PMF. Subject to AFB	100% of the scheme rate. Limited to 20 days PMF. Subject to PMSA	PMBs only	PMBs only
Ante-natal classes	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and limited to R1 245 per pregnancy	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and limited to R1 245 per pregnancy	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and limited to R915 per pregnancy	100% of the scheme rate. Subject AFB. Limited to 12 antenatal classes and limited to R715 per pregnancy	100% of the scheme rate. Subject to PMSA and AFB. Limited to 12 antenatal classes and limited to R715 per pregnancy	No benefit	No benefit
Ante-natal visits	100% of the scheme rate. Limited to 12 ante-natal visits with a GP or Specialist (In addition to normal benefits, not subject to PMSA and AFB). Maternity bag issued on registration on maternity programme						No benefit
Emergency roadside assistance and ambulance transportation	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment	100% of scheme rate with PP. In non-emergency cases, authorisation must be obtained from the Designated Service Provider at the transportation or within 24 hours thereof, failing which will result in a 25% co-payment
International travel: Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates	Subject to benefits per individual benefit category. Paid at South African rates
Hospital emergency room and casualty emergency visits not requiring admission Excluding facility fees 801 or 301	Paid from PMSA and AFB. Excluding facility fees	Paid from PMSA and AFB. Excluding facility fees	Paid from PMSA and AFB. Excluding facility fees	Paid from AFB. Excluding facility fees	Paid from PMSA. Excluding facility fees	No benefit	No benefit
Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB	100% of the scheme rate. Subject to protocols and PMB
Child benefit	If day-to-day benefits are depleted, members have access to two additional GP visits per annum per child younger than six years and one additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 050 per event						No benefit

# COMPCARE OPTIONS AND BENEFITS FOR 2018 (continued)

BENEFIT SCHEDULE	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
<b>WELLNESS BENEFITS</b>							
Wellness, lifestyle and preventative care  All benefits are paid from risk, except where otherwise indicated	<p>GP wellness consultation: One visit per annum, excludes procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1</p> <p>Blood pressure, blood sugar, cholesterol, BMI and waist circumference: One measurement PB over the age of 18 years, limited to R180 per event over the age of 18. Only at DSP pharmacy</p> <p>Rapid HIV tests: 1 test PB per annum</p> <p>Prophylaxis malaria as required</p> <p>Flu Vaccine: Once per year PB</p> <p>Tetanus vaccine: One injection when required</p> <p>PSA (Prostate Specific Antigen): One test per male beneficiary over age 40</p> <p>Glaucoma test: One PB per annum</p> <p>Pap smear: One test per female over age of 18 per annum</p> <p>Mammogram: One test per female beneficiary over the age of 35 every second year</p> <p>HPV (Cervical Cancer) vaccine: One course (3 doses per registered schedule) per female beneficiary between 12 and 18 years of age per lifetime</p> <p>Adult pneumococcal vaccine PB as required, subject to pre-authorization</p> <p>Subject to protocols</p> <p>Fitness Assessment and exercise prescription: Access to Universal Network biokineticists for annual fitness assessment, exercise prescription and regular monitoring. One additional assessment per pregnant women per pregnancy. Strict protocols apply</p> <p>Nutritional assessment and healthy eating plan: Access to the Universal Network of dieticians for annual assessment, healthy eating plan prescription and regular monitoring. One additional assessment per pregnant women per pregnancy. Strict protocols apply</p>						Blood pressure, blood sugar, cholesterol, BMI. R180 PB over the age of 18. Only at DSP pharmacy. Flu vaccine, once per year PB
New-born to adult benefit  Subject to protocols	<p>Oral contraceptives: Limited to R126 PB per month</p> <p>Baby wellness visit: Two visits per annum for children between 4 weeks and 18 months at a DSP</p> <p>Childhood immunisations: Applicable to children up to the age of 12 years, as per recommendation of the Department of Health</p> <p>School readiness assessments: 5- 7 years old Psychometric testing, 14- 18 years, pre-school eye and hearing screening for children aged 5 and 6</p>						Oral contraceptives, limited to R126 PB per month

\* All limits are pro-rated when a member or a beneficiary joins the scheme during the year, calculated from the date of registration to the end of that financial year. This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of a discrepancy between the summary and the rules, the rules will prevail.



## CO-PAYMENTS 2018

PROCEDURE (NON-PMB)	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS
<i>Hospital cost only</i>	R	R	R	R	R	R
Gastroscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Colonoscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Cystoscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Protoscopy	-	-	R2 500	R4 125	R4 125	R4 125
Nasal or sinus endoscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Functional nasal surgery and septoplasty	R1 875	R1 875	R7 680	R7 680	R7 680	R7 680
Hysteroscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Flexible sigmoidoscopy	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Arthroscopy	R1 875	R1 875	R2 500	R7 680	R7 680	R7 680
Minor gynaecological laparoscopic procedure	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Dental	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Excision lesion- benign and malignant	R1 875	R1 875	R1 250	R1 250	R1 250	R1 250
Joint replacements- arthroplasty	R1 875	R1 875	R15 750	R18 750	R18 750	R18 750
Conservative back and neck treatment- spinal cord injections	R1 875	R1 875	R2 500	R4 125	R4 125	R4 125
Laminectomy and spinal fusion	R1 875	R1 875	R5 000	R10 000	R10 000	R10 000
Nissen fundoplication- reflux surgery	R1 875	R1 875	R15 750	R18 750	R18 750	R18 750
Hysterectomy, except for cancer	R1 875	R1 875	R7 680	R7 680	R7 680	R7 680
Laparoscopic hemi colectomy	R1 875	R1 875	R3 750	R5 000	R5 000	R5 000
Laparoscopic inguinal hernia repair	R1 875	R1 875	R2 500	R5 000	R5 000	R5 000
Laparoscopic appendectomy	R1 875	R1 875	R2 500	R5 000	R5 000	R5 000
Adenoidectomy, myringotomy- grommets, tonsillectomy	-	-	R3 190	R3 185	R3 185	R3 185
Laparoscopy, hysteroscopy, endometrial ablation	-	-	R7 680	R7 680	R7 680	R7 680

## SCHEME SPECIFIC EXCLUSIONS: 2018

### 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:

### APPLICABLE TO THE AXIS OPTIONS:

- Deep brain implants (e.g. for Parkinson's Disease) and internal nerve stimulators
- Corneal transplants
- Cochlear implants
- Bunion surgery

### APPLICABLE TO THE NETWORK OPTION:

- Dentistry
- All joint replacements, except in the event of acute injury
- All spinal surgery (including neck), except in the event of acute injury
- Deep brain implants (e.g. for Parkinson's Disease) and internal nerve stimulators
- Bunion surgery
- Corneal transplants
- Cochlear implants
- Nissen fundoplication (Reflux surgery)
- Brachytherapy for prostate cancer
- Refractive eye surgery
- Elective caesarean section
- Treatment for obesity, skin disorders or functional nasal problems
- Treatment for fibroadenosis



# SUB-LIMITS FOR SURGICAL PROSTHESIS, ELECTRONIC AND NUCLEAR DEVICES AND APPLIANCES: 2018

Sub-limits for surgical prosthesis, electronic and nuclear devices and surgical appliances. Subject to PMBs, pre-authorisation and protocols and subject to the limit for these benefits on each option and subject to these benefits being covered on each option.

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS
OVERALL LIMITS		ANNUAL	R55 250	R46 960	R41 440	R38 650	R37 020	R35 920
2.1 Coronary artery stents (subject to overall limit)	Stents (max of 3)	ANNUAL	Subject to overall annual limit and a limit of R12 250 per stent	Subject to overall annual limit and a limit of R12 250 per stent	Subject to overall annual limit and a limit of R12 250 per stent	Subject to overall annual limit and a limit of R12 250 per stent	Subject to overall annual limit and a limit of R12 250 per stent	Subject to overall annual limit and a limit of R12 250 per stent
	Medicated stents (max 3 stents)	ANNUAL	Subject to overall annual limit and a limit of R19 000 per stent	Subject to overall annual limit and a limit of R19 000 per stent	Subject to overall annual limit and a limit of R19 000 per stent	Subject to overall annual limit and a limit of R19 000 per stent	Subject to overall annual limit and a limit of R19 000 per stent	Subject to overall annual limit and a limit of R19 000 per stent
2.2 AAA stents (subject to overall limit)	Abdominal aortic aneurism stents	ANNUAL	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit
	Carotid stents		R 15 750	R 15 750	R 15 750	R 15 750	R 15 750	R 15 750
	Renal stents		R 5 250	R 5 250	R 5 250	R 5 250	R 5 250	R 5 250
	Aneurysm coils		R 36 750	R 36 750	R 36 750	R 36 750	R 35 175	R 34 125
2.3 Heart valves etc. (subject to overall limit)	Heart valves (Mitral etc)	ANNUAL	R 23 100	R 23 100	R 23 100	R 23 100	R 23 100	R 23 100
2.4 Orthopaedic prosthesis (subject to overall limit)	Hip prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Knee prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Shoulder prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Elbow prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Ankle prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Wrist prosthesis	ANNUAL	R 39 375	R 39 375	R 39 375	R 36 750	R 35 175	R 34 125
	Finger prosthesis	ANNUAL	R 21 000	R 21 000	R 21 000	R 21 000	R 21 000	R 21 000
	Spinal instrumentation – per level limited to 2 levels and 1 procedure per beneficiary per year	ANNUAL	R 23 100	R 23 100	R 23 100	R 23 100	R 23 100	R 23 100
	Spinal cages	ANNUAL	R 11 550	R 11 550	R 11 550	R 11 550	R 11 550	R 11 550
	Spinal implantable devices	ANNUAL	R27 620	R27 620	R27 620	R27 620	R27 620	R27 620
Internal fixators for fractures	ANNUAL	R 26 250	R 26 250	R 26 250	R 26 250	R 26 250	R 26 250	

## SUB-LIMITS FOR SURGICAL PROSTHESIS, ELECTRONIC AND NUCLEAR DEVICES AND APPLIANCES: 2018 (continued)

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS
2.5 Artificial limbs (subject to overall limit)	Through knee	ANNUAL	R 52 500	R 52 500	R 52 500	R 36 750	R 35 175	R 34 125
	Below knee	ANNUAL	R 39 900	R 39 900	R 39 900	R 36 750	R 35 175	R 34 125
	Above knee	ANNUAL	R 46 200	R 46 200	R 46 200	R 36 750	R 35 175	R 34 125
	Partial foot	ANNUAL	R 19 950	R 19 950	R 19 950	R 19 950	R 19 950	R 19 950
	Partial hand	ANNUAL	R 12 600	R 12 600	R 12 600	R 12 600	R 12 600	R 12 600
	Below elbow	ANNUAL	R 36 750	R 36 750	R 36 750	R 36 750	R 35 175	R 34 125
	Above elbow	ANNUAL	R 42 000	R 42 000	R 42 000	R 36 750	R 35 175	R 34 125
2.6 Other prosthesis (subject to overall limit)	Intra ocular lenses	ANNUAL	R 4 200	R 4 200	R 4 200	R 4 200	R 4 200	R 4 200
	Bladder sling	ANNUAL	R 8 000	R 8 000	R 8 000	R 8 000	R 8 000	R 8 000
	Hernia mesh	ANNUAL	R 8 400	R 8 400	R 8 400	R 8 400	R 8 400	R 8 400
	Vascular grafts	ANNUAL	R27 075	R27 075	R27 075	R27 075	R27 075	R27 075
2.7 Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	ANNUAL	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit
	Single chamber pacemaker	ANNUAL	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit
	Dual chamber pacemaker	ANNUAL	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit
	Internal nerve stimulators	ANNUAL	R 112 000	R 112 000	EXCLUDED	EXCLUDED	EXCLUDED	EXCLUDED
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)	ANNUAL	R 195 000	R 195 000	R 195 000	EXCLUDED	EXCLUDED	EXCLUDED
	Insulin pumps	ANNUAL	R 23 100	R 23 100	R 23 100	EXCLUDED	EXCLUDED	EXCLUDED

## SUB-LIMITS 2018 (continued)

SURGICAL INTERNAL PROSTHESIS	DESCRIPTION	FREQUENCY	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS
	<b>Overall limit</b>	<b>ANNUAL</b>	<b>R32 320</b>	<b>R 16 570</b>	<b>R 11 600</b>	<b>R 10 500</b>	<b>R 8 840</b>	
2.8 Surgical appliances	Hearing aids	1 per ear, 3 yearly interval	R 22 100	R 16 570	R 11 600	R 10 500	R 8 840	PMBs only
	Artificial eyes	5 year interval	R 22 100	R 16 570	R 11 600	R 10 500	R 8 840	
	BP monitor	3 year interval	R 665	R 665	R 665	R 665	R 665	
	Glucometer	3 year interval	R 665	R 665	R 665	R 665	R 665	
	Humidifier	3 year interval	R 275	R 275	R 275	R 275	R 275	
	Nebuliser	3 year interval	R 550	R 550	R 550	R 550	R 550	
	Moonboot	Annual	R 2 210	R 2 210	R 2 210	R 2 210	R 2 210	
	Elbow crutches	Annual	R 665	R 665	R 665	R 665	R 665	
	CPAP machines	3 year interval	R 9 945	R 9 945	R 9 945	R 9 945	R8 840	
	Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime	R 9 725	R 9 725	R 9 725	R 9 725	R8 840	
	Braces and callipers	Annual	R 720	R 720	R 720	R 720	R 720	
	Rigid back brace	Annual	R 5 525	R 5 525	R 5 525	R 5 525	R 5 525	
	Sling clavicle brace	Annual	R 525	R 525	R 525	R 525	R 525	
	Wigs	Annual	R 1 990	R 1 990	R 1 990	R 1 990	R 1 990	
	Bra's for breast prosthesis after mastectomies	2 per annum	R 2 760	R 2 760	R 2 760	R 2 760	R 2 760	
	Breast prosthesis	Annual	R 3 315	R 3 315	R 3 315	R 3 315	R 3 315	
	Commodes	3 year interval	R 2 105	R 2 105	R 2 105	R 2 105	R 2 105	
	Wheelchairs	3 year interval	R 4 420	R 4 420	R 4 420	R 4 420	R 4 420	
	Walking frames	Annual	R 665	R 665	R 665	R 665	R 665	
	Rehabilitative foot orthotics	Annual	R 3 315	R 3 315	R 3 315	R 3 315	R 3 315	
2.9 Stockings	Elastic stockings	2 pairs per annum	R 1 050	R 1 050	R 1 050	R 1 050	R 1 050	
	Full length stockings	2 pairs per annum	R 1 050	R 1 050	R 1 050	R 1 050	R 1 050	
	Anti-embolic stockings	Annual	R 1 105	R 1 105	R 1 105	R 1 105	R 1 105	



## CHRONIC CONDITIONS COVERED: EFFECTIVE 1 JANUARY 2018

(*PMB)	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
Addison's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Allergic rhinitis	Yes	Yes	No	No	No	No	No
Angina	Yes	Yes	Yes	Yes	No	No	No
Ankylosing spondylitis	Yes	Yes	No	Yes	No	No	No
Anorexia nervosa	Yes	No	No	No	No	No	No
Asthma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Attention deficit disorder	Yes	Yes	Yes	No	No	No	No
Barrett's oesophagitis	Yes	No	No	No	No	No	No
Bechet's disease	Yes	Yes	No	No	No	No	No
Benign prostatic hyperplasia	Yes	No	No	No	No	No	No
Bipolar mood disorder*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bronchiectasis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bulimia nervosa	Yes	No	No	No	No	No	No
Cardiac arrhythmias *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cardiomyopathy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic renal failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Congestive cardiac failure *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conn's syndrome	Yes	No	No	No	No	No	No
Chronic obstructive pulmonary disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chronic bronchitis	Yes	Yes	Yes	Yes	No	No	No
Connective tissue disorders (mixed)	Yes	Yes	No	No	No	No	No
Coronary artery disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crohn's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cushing's syndrome	Yes	Yes	Yes	No	No	No	No
Cystic fibrosis	Yes	Yes	No	No	No	No	No
Deep vein thrombosis	Yes	No	No	No	No	No	No
Diabetes insipidus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes mellitus type 1 and 2 *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema	Yes	Yes	Yes	Yes	No	No	No

## CHRONIC CONDITIONS COVERED: EFFECTIVE 1 JANUARY 2018 (continued)

(*PMB)	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORK
Epilepsy *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generalised anxiety disorder	Yes	Yes	No	No	No	No	No
Glaucoma *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gastro-oesophageal reflux disease	Yes	Yes	No	No	No	No	No
Gout/hyperuricemia	Yes	Yes	No	No	No	No	No
Haemophilia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HIV/AIDS *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone replacement therapy	Yes	Yes	Yes	Yes	No	No	No
Huntington's disease	Yes	Yes	No	No	No	No	No
Hypercholesterolemia/hyperlipidaemia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypertension *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hypoparathyroidism	Yes	Yes	Yes	Yes	No	No	No
Hypothyroidism *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ischaemic heart disease	Yes	Yes	Yes	Yes	No	No	No
Motor neuron disease	Yes	Yes	No	No	No	No	No
Multiple sclerosis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Muscular dystrophy	Yes	Yes	Yes	No	No	No	No
Myasthenia gravis	Yes	Yes	Yes	Yes	No	No	No
Narcolepsy	Yes	No	No	No	No	No	No
Obsessive compulsive disorder	Yes	Yes	No	No	No	No	No
Osteoarthritis	Yes	No	No	No	No	No	No
Osteoporosis	Yes	Yes	No	No	No	No	No



## CHRONIC CONDITIONS COVERED: EFFECTIVE 1 JANUARY 2018 (continued)

(*PMB)	PINNACLE	DYNAMIX	SYMMETRY	MUMED	UNISAVE	AXIS	NETWORKX
Paget's Disease of the Bone	Yes	Yes	Yes	No	No	No	No
Panic disorder	Yes	Yes	No	No	No	No	No
Paraplegia/quadruplegia	Yes	Yes	Yes	No	No	No	No
Parkinson's disease *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pemphigus	Yes	Yes	Yes	No	No	No	No
Peripheral Arteriosclerotic disease	Yes	Yes	No	No	No	No	No
Polyarthritis nodosa	Yes	Yes	Yes	No	No	No	No
Post-traumatic stress syndrome	Yes	Yes	Yes	No	No	No	No
Psoriasis/psoriatic arthritis	Yes	No	No	No	No	No	No
Pulmonary interstitial fibrosis	Yes	Yes	Yes	No	No	No	No
Rheumatoid arthritis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Schizophrenia *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scleroderma (systemic sclerosis)	Yes	Yes	No	No	No	No	No
Stroke	Yes	Yes	Yes	Yes	No	No	No
Systemic lupus erythematosus *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thrombocytopenic purpura	Yes	Yes	No	No	No	No	No
Ulcerative colitis *	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unipolar mood disorder/major depression	Yes	Yes	Yes	No	No	No	No
Valvular heart disease	Yes	Yes	Yes	No	No	No	No
Vertigo	Yes	Yes	Yes	Yes	No	No	No
Zollinger-Ellison syndrome	Yes	Yes	No	No	No	No	No
<b>Total conditions covered</b>	<b>72</b>	<b>63</b>	<b>46</b>	<b>36</b>	<b>26</b>	<b>26</b>	<b>26</b>

# EXCLUSIONS AND LIMITATIONS

## Exclusions

The scheme will pay in full, without co-payment or use of deductibles, the diagnosis, treatment and care costs of the Prescribed Minimum Benefits as per regulation 8 of the Medical Schemes Act. Furthermore, where a protocol or a formulary drug preferred by the scheme has been ineffective or would cause harm to a beneficiary, the scheme will fund the cost of the appropriate substitution treatment without a penalty to the beneficiary as required by regulation 15H and 15I of the Medical Schemes Act.

The following exclusions will apply to a member and/or his/her dependants, unless the particular exclusion is covered under the statutory Prescribed Minimum Benefits (PMBs):

1. Unless otherwise provided for or decided by the Board of Trustees, expenses incurred in connection with any of the following will not be paid by the scheme:

1.1 All costs that are more than the annual maximum benefit to which a member is entitled in terms of the rules of the scheme.

1.2 Subject to rule 8.4.1 of the main constitution, a general waiting period of 3 months will apply to a member and his dependants from the date of joining the scheme.

1.3 Subject to rule 8.4.2 of the main constitution, a condition specific waiting period of not more than 12 months in respect of pre-existing sickness conditions will apply to a member and his dependants from the date of joining the scheme.

1.4 All costs incurred during waiting periods and for conditions will not be disclosed.

1.5 Professional fees and expenses incurred by healthcare professionals:

- After hours consultations according to member's choice.
- Appointments not honoured by beneficiaries.
- Charges for interest by health care providers, if due to member negligence.
- Costs incurred for insurance medical purposes.
- Fees for medical reports and motivations by any service provider, unless required by the scheme.
- Discretionary conditions and services with hospital admissions not authorised.
- Telephonic consultations with healthcare providers.

1.6 Costs for services rendered by:

- 1.6.1 Persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or

1.6.2 Any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.

1.7 Frail Care - accommodation and nursing services rendered in convalescent or old age homes or similar institutions catering for the aged or chronically ill.

1.8 Holidays for recuperative purposes, whether deemed medically necessary or not.

1.9 All costs for rehabilitation for any particular sickness or condition, except for PMBs.

1.10 Private nursing fees in respect of both mother and child in postpartum cases.

1.11 Cosmetic procedures (Unless a PMB):

- All costs for cosmetic procedures / treatment / medication, except if as a result of an accident, illness or disease.
- The costs of breast reduction and enlargement operations are excluded, except in the case of a breast reconstruction after a radical mastectomy.
- Abdominal lipectomy.
- Face lift.
- Genioplasty.
- Blepharoplasty.
- Hair removal or implants.
- Periodontal plastic procedures for cosmetic purposes.
- Removal of scars, tattoos by salabrasion, chemosurgery or any such skin abrasion.
- Removal of skin blemishes, port wine stains (vascular birthmark).
- Surgery related to transsexual procedures.
- Otoplasty for bat ears.
- Nasal reconstruction, including septoplasties, osteotomies and nasal tip surgery.
- Sclerotherapy are subject to medical specialist motivation.

1.12 Dental procedures and treatments:

- Dental extractions for non-medical purposes.
- Bleaching of teeth that have not been root canal treated.
- High impact acrylic dentures.
- The cost of the use of gold in dentures.
- Discretionary procedures – elective treatments and surgery for personal reasons and not directly caused and related to illness, accident or disease.

1.13 The treatment of artificial insemination of a person as defined in the Human Tissues Act, 1983 (Act 65 of 1983) except for PMBs.

1.14 In respect of infertility (PMB Code 902M), the following services are excluded:

- Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF).
- Gamete intrafallopian tube transfer (GIFT).
- Zygote intrafallopian transfer (ZIFT).
- Intracytoplasmic sperm injection (ICSI).

1.15 Circumcision, except in phimosis or evidence-based medical indications. Female oral contraceptives will not be covered from the Hospital Benefit, but may be claimed from savings or day-to-day risk benefits where applicable or available. Any other contraceptive devices or measures will not be covered.

1.16 Reversal of vasectomies or tubal ligation (sterilisation). Vasectomies and tubal ligation (sterilisation) are covered from the Hospital Benefits.

1.17 All costs related to the treatment, medication or surgical procedures of obesity, including bariatric surgery, gastric stapling, wiring of the jaw for weight loss purposes etc.

1.18 All costs relating to a treatment if the efficacy and safety of such treatment cannot be proved.

1.19 The purchase of:

- Patent medicines and proprietary preparations;
- Applicators, toiletries and beauty preparations;
- bandages, cotton wool and other consumable items;
- patented foods, including baby foods (Unless a PMB)
- tonics, slimming preparations and drugs as advertised to the public;
- household and biochemical remedies;
- contraceptives, unless specifically provided for in the Medicine Formulary applicable to each respective medical scheme option; and
- vitamins and minerals; (Unless a PMB)
- nutritional supplements and baby foods/milk substitutes;
- anabolic steroids;
- sunscreen agents;
- skin lightening treatments;
- sun glasses.

1.20 Medication not registered by the Medicine Control Council, unless otherwise specified, e.g. homeopathic medicines which are covered in certain medical scheme options and subject to limits.

1.21 Travelling expenses incurred by members, excluding benefits covered by Emergency Medical Services in the event of an emergency medical condition.

1.22 All costs, which in the opinion of the Medical Advisor are not medically necessary or appropriate to meet the healthcare needs of the patient.

## EXCLUSIONS AND LIMITATIONS (continued)

1.23 Medical examinations or inoculations initiated by the employer.

1.24 The utilisation of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the Medical Advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.

1.25 Alternative and / or complementary health services that are not supported by evidence based medicine are excluded:

- Acupuncture.
- Aromatherapy.
- Ayurvedics.
- Chelation therapy.
- Colonic irrigation.
- Iridology.
- Masseurs.
- Osteopathy.
- Phytotherapy.
- Reflexology.
- Traditional medicine.

1.26 Certain conditions relating to educational and / or psychological performance and / or behaviour, except for the PMBs:

- Behavioural problems.
- Concentration / learning / reading problems.
- Co-ordination abnormalities.
- Delayed speech development.
- Dyslexia.
- Sexual disorders.
- Career guidance.
- Marriage counselling.

1.27 Costs incurred for surrogate parenting.

1.28 Products, devices and appliances:

- Gum guards for sport purposes.
- Oral appliances specified for the treatment of headaches.
- APS / Tense Therapy Machines.
- Back rest and / or seats.
- Contact lens solutions.
- Chair seats, excluding wheelchair seats.
- Cushions.
- Disposable nappies.
- Face creams.
- Health shoes.
- Klaasvakie mattresses, mattresses or pillows.
- Linen savers and / or protectors and / or waterproof sheets.
- Prescription and non-prescription sunglasses.

- Protective gear.
- Sheep skins.
- Shoe inserts.
- Shower and bath rails.

1.29 All healthcare costs relating to medical procedures, prostheses or practices that may be new or deemed to be experimental, with insufficient evidence based outcomes are excluded.

### 2. Limitation Of Benefits

2.1 The maximum benefits to which a member and his dependants are entitled in any financial year are limited as set out in Annexure B.

2.2 Members admitted during the course of a financial year are entitled to the benefits set out in the third column of Annexure B, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of that particular financial year.

Unless otherwise decided by the Board of Trustees, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

### 3. Benefits Excluded Insofar As These Are Not Prescribed Under The PMB Benefits

3.1 Medicine and injection material

3.1.1 The following medicine, unless they form part of the public sector protocols and are authorised by the relevant managed healthcare programme:

Any specialised drugs as defined by the managed care company (e.g. biological, tyrosine kinase inhibitors) that have not convincingly demonstrated a median overall survival advantage of more than 3 (three) months in locally advanced or metastatic solid organ malignant tumours, unless deemed cost effective for the specific setting, compared to standard therapy (excluding specialised drugs) as defined in established and generally accepted treatment protocols, for example sorafenib for hepatocellular carcinoma, bevacizumab for colorectal and metastatic breast cancer.

The scheme reserves the right not to pay for any new medical technology, or investigational procedures, interventions, new drugs or medicines as applied in clinical medicine, including new indications for existing medicines or technologies unless they have demonstrated:

- Evidence based efficacy in clinical medicine.
- Affordability by the scheme.

3.1.2 Admission to Hospital for the purposes of administering treatments which may be provided in a doctor's rooms.

3.1.3 Axis and Axis ED Options (hospital plan)

Admission to hospital for the administration of drugs or medicines, excluding / unrelated to chemotherapy, which may be administered to a patient as an outpatient in the doctor rooms e.g. Aredia® infusions. Aclasta® injections, Avastin® injections etc.



## CONTRIBUTIONS PER OPTION EFFECTIVE 1 JANUARY 2018 (all values in Rand unless otherwise specified)

PINNACLE	Principal Member	Adult Dependant	Child Dependant
Risk	R4 740	R3 690	R1 314
Savings	R1 110	R864	R306
<b>Total</b>	<b>R5 850</b>	<b>R4 554</b>	<b>R1 620</b>
Annual Savings	R13 320	R10 368	R3 672
AFB	R3 510	R2 732	R972
<b>Total Day-to-day</b>	<b>R16 830</b>	<b>R13 100</b>	<b>R4 644</b>
Annual Threshold	R18 830	R14 591	R5 128
SPG	R2 000	R1 490	R484

DYNAMIX	Principal Member	Adult Dependant	Child Dependant
Risk	R3 796	R2 970	R1 062
Savings	R614	R474	R168
<b>Total</b>	<b>R4 410</b>	<b>R3 444</b>	<b>R1 230</b>
Annual Savings	R7 368	R5 688	R2 016
AFB	R2 646	R2 066	R738
<b>Total Day-to-day</b>	<b>R10 014</b>	<b>R7 754</b>	<b>R2 754</b>
Annual Threshold	R15 277	R11 836	R4 230
SPG	R5 263	R4 082	R1 476

SYMMETRY	Principal Member	Adult Dependant	Child Dependant
Risk	R3 138	R2 448	R888
Savings	R348	R270	R96
<b>Total</b>	<b>R3 486</b>	<b>R2 718</b>	<b>R984</b>
Savings	R4 176	R3 240	R1 152
AFB	R4 176	R3 240	R1 152
<b>Total Day-to-day</b>	<b>R8 352</b>	<b>R6 480</b>	<b>R2 304</b>

MUMED	Principal Member	Adult Dependant	Child Dependant
All Incomes	R2 772	R2 160	R780
AFB	R5 658	R3 549	R1 408

UNISAVE	Principal Member	Adult Dependant	Child Dependant
Risk	R1 621	R1 380	R486
Savings	R539	R462	R162
<b>Total</b>	<b>R2 160</b>	<b>R1 842</b>	<b>R648</b>
Annual Savings	R6 468	R5 544	R1 944

AXIS	Principal Member	Adult Dependant	Child Dependant
All Incomes	R1 632	R1 632	R504

NETWORX (Network Private Hospitals)	Principal Member	Adult Dependant	Child Dependant
0-500	R378	R378	R378
501-6 000	R942	R894	R330
6 001-8 000	R990	R942	R348
8 001-9 000	R1 122	R1 068	R396
9 001-10 000	R1 194	R1 134	R420
10 001+	R2 196	R1 974	R768

## CONTRIBUTIONS PER OPTION EFFECTIVE 1 JANUARY 2018 (continued)

PINNACLE ED	Principal Member	Adult Dependant	Child Dependant
Risk	R3 966	R3 084	R1 110
Savings	R924	R720	R252
<b>Total</b>	<b>R4 890</b>	<b>R3 804</b>	<b>R1 362</b>
Annual Savings	R11 088	R8 640	R3 024
AFB	R2 934	R2 282	R817
<b>Total Day to day</b>	<b>R14 022</b>	<b>10 922</b>	<b>R3 841</b>
Annual Threshold	R16 022	R12 413	R4 325
SPG	R2 000	R1 490	R484

AXIS ED	Principal Member	Adult Dependant	Child Dependant
All Incomes	R1 380	R1 380	R432

MUMED ED	Principal Member	Adult Dependant	Child Dependant
All Income	R2 250	R1 752	R624
AFB	R5 469	R3 423	R1 364

DYNAMIX ED	Principal Member	Adult Dependant	Child Dependant
Risk	R3 122	R2 436	R882
Savings	R508	R396	R144
<b>Total</b>	<b>R3 630</b>	<b>R2 832</b>	<b>R1 026</b>
Annual Savings	R6 096	R4 752	R1 728
AFB	R2 178	R1 699	R616
<b>Total Day-to-day</b>	<b>R8 274</b>	<b>R6 451</b>	<b>R2 344</b>
Annual Threshold	R13 537	R10 533	R3 819
SPG	R5 263	R4 082	R1 476

NETWORX ED	Principal Member	Adult Dependant	Child Dependant
0-500	R312	R306	R168
501-4 000	R450	R444	R222
4 001-5 000	R576	R552	R276
5 001-6 000	R576	R552	R276
6 001-8 000	R690	R654	R330
8 001-9 000	R690	R654	R330
9 001-1 0000	R732	R696	R348
10000+	R1 440	R1 296	R642

SYMMETRY ED	Principal Member	Adult Dependant	Child Dependant
Risk	R2 558	R1 992	R720
Savings	R286	R222	R78
<b>Total</b>	<b>R2 844</b>	<b>R2 214</b>	<b>R798</b>
Savings	R3 432	R2 664	R936
AFB	R3 432	R2 664	R936
<b>Total Day-to-day</b>	<b>R6 865</b>	<b>R5 328</b>	<b>R1 872</b>



## CONTACT DETAILS GLOSSARY

CompCare contact details: CompCare Medical Scheme

Universal Place, 19 Tambach Road,  
Sunninghill Park, Sandton

PO Box 1411, Rivonia, 2128

Tel: 0861 222 777 | Fax: 0866 450 991  
E-mail: [correspondence@universal.co.za](mailto:correspondence@universal.co.za)  
Website: [www.compcarewellness.co.za](http://www.compcarewellness.co.za)

AFB	Annual Flexi Benefit
AT	Agreed tariff
CDL	Chronic Disease List
DSP	Designated service provider
OTC	Over the counter medicine
PB	Per beneficiary
PMB	Prescribed Minimum Benefit
PMF	Per Member Family
PMSA	Personal medical savings account
RP	Reference Pricing
SPG	Self-payment gap
TL	Threshold limit
TTO	To take out. i.e. medicines taken out of hospital when discharged

Contact details for complaints escalated to  
the Council for Medical Schemes:

Tel: 0861 123 267  
E-mail: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)  
Web: [www.medicalschemes.com](http://www.medicalschemes.com)

This brochure is a summary of the benefits of CompCare Wellness Medical Scheme.  
All information relating to the 2018 CompCare Wellness Medical Scheme benefits and contributions are subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the Scheme will apply.

Administered by Universal Healthcare Administrators (Pty) Ltd

**CompCare**  
Wellness





# MANAGED CARE INITIATIVES

CompCare Wellness offers members a number of Managed Care initiatives, which are all designed to ensure that members receive quality healthcare at an affordable cost. These are:

**1. Chronic medication pre-authorisation**

Members are required to register chronic medication prescriptions with Universal to receive the chronic medication benefit. To register your chronic medication prescription with Universal, you, your doctor or your pharmacist need to contact Universal or send an e-mail. Application forms are no longer required.

**2. Hospital utilisation management**

Universal Care offers a complete hospital utilisation management service. It is the member's responsibility to ensure that all non-emergency hospital admissions are authorised.

These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. 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 service also applies to oncology treatment.

**3. Disease management**

Universal Care offers a comprehensive disease management service, including HIV/AIDS counselling. This service is designed to empower members to manage their chronic conditions more effectively.

Members are provided with telephonic counselling, e-mail information, as well as on-line health and wellness information. This information can be communicated to the patient via: the disease management Call Centre, internet, e-mail, fax, post and physical handout point.

All CompCare Wellness members and their adult dependants diagnosed with a chronic condition such as HIV/AIDS, asthma, diabetes, hypertension etc. should register on the Disease Management Programme. By registering, an individual will have access to personalised health and wellness information. Members are also invited to phone the disease management Call Centre should they wish to speak to a nurse counsellor.

**4. Pathology management**

Universal Care provides a service that ensures that the standard pathology guidelines are followed.

**5. Specialised dentistry management**

Universal Care offers a pre-authorisation service for all specialised dentistry. Prior to having specialised dentistry the member is required to obtain pre-authorisation.

**6. Trauma expense recovery**

Universal Care offers a service where medical expenses that are the liability of a third party are recovered for CompCare. In most cases these recoveries refer to road accidents where a third party was involved.

**7. Emergency evacuation**

Netcare 911 offers an emergency evacuation service that will transport members to the nearest hospital for treatment. Members have access to this benefit in and outside of the borders of South Africa (worldwide).

**8. Medical advice, information and assistance**

Netcare 911 personnel, including paramedics, nurses and doctors are available 24 hours a day to provide general medical information and advice. This is an advisory service as a telephone conversation does not permit an accurate diagnosis.

In addition to general medical advice, Netcare medical operators can also guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need.

**9. Fraud detection**

Fraud is a major problem in South Africa and the healthcare arena is no exception. CompCare has been very successful in containing fraud by making use of a system of member and practitioner profiling and forwarding this information to a private investigation unit.



## CONTACT DETAILS

Division	Contact company	Contact number	Fax number	E-mail address	Postal address	Website
Call Centre	Universal Healthcare Administrators (Pty) Ltd	0861 222 777	0866 450 991	correspondence@universal.co.za claims@universal.co.za	Private Bag X49, Rivonia, 2128	www.compcarewellness.co.za
Membership	Universal Healthcare Administrators (Pty) Ltd	0861 222 777	0862 106 635	membership@universal.co.za	Private Bag X49, Rivonia, 2128	www.compcarewellness.co.za
Contributions	Universal Healthcare Administrators (Pty) Ltd	0861 222 777	0865 057 882	billings@universal.co.za	Private Bag X49, Rivonia, 2128	www.compcarewellness.co.za
Hospital pre-authorisation	Universal Care (Pty) Ltd	Pre-authorisation 0860 111 090	0862 957 355	preauthorisation@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Hospital account queries	Universal Care (Pty) Ltd	Hospital account enquiries 011 208 1100	0862 957 356	hospitalaccounts@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Disease management	Universal Care (Pty) Ltd	0861 222 777 0860 111 900	0862 957 305	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Maternity management	Universal Care (Pty) Ltd	0861 222 777 0860 111 090	0862 957 355	correspondence@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
HIV/AIDS management	Universal Care (Pty) Ltd	0861 222 777 0860 111 900	0862 957 305	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Oncology management	Universal Care (Pty) Ltd	0861 222 777 0860 111 090	0862 957 307	oncology@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Trauma expense recovery (MVA)	Universal Care (Pty) Ltd	0861 208 1167/68	0865 768 702	trauma@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za
Universal 360°	Universal 360°	086 155 LIVE (5483)	0865 041 545	360@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal360.co.za
Ambulance	Netcare 911	082 911				
Medicine management	Universal Care (Pty) Ltd	0860 111 900	0862 108 743	chronicmedicine@universal.co.za	Private Bag X49, Rivonia, 2128	www.universal.co.za

# MEMBER GUIDE

## 1. Rules of the scheme

The scheme is governed by a set of rules submitted to and approved by the Registrar for Medical schemes. All terms and conditions are set out in detail in the rules of the scheme, which can be viewed at the office of the administrator. The rules of the scheme always apply during a dispute resolution.

## 2. Membership

### Who is eligible for membership?

Membership is open to any individual or company/group, except where the member ceases to be a permanent resident in the Republic of South Africa.

The scheme provides cover for all international students while studying in the Republic of South Africa.

### 2.1 Who can be registered as dependants?

- **A member's spouse or partner** – a person with whom the member is legally married, or has a two year or longer committed relationship akin to marriage, based on objective criteria of mutual dependency and a shared common household, married in terms of any law or traditional/customary marriage (marriage certificate/affidavit/suitable other certificate required).
- **Surviving spouse members** – continuation of a surviving spouse of the main member is allowed to continue on the medical aid, provided that they were registered at the time of the main member's death (marriage and death certificate required).
- **A child under the age of 27** – is not in receipt of a regular remuneration of more than the maximum social pension per month, or a child of any age due to being mentally or physically challenged, is a dependent of the member, or legally adopted child/children placed in your care and custody by virtue of a court order (legal proof required).
- **Full time student** – Proof of registration of current year is required from a secondary or recognised tertiary institution and each year thereafter, in order for the dependant to qualify at child rates, to a maximum of up to 27 years, thereafter Committee approval is required each year.
- **Part time students** – an affidavit is required, stating that the child is unemployed and financially dependent on the principal member. Proof of registration as a student is required from the recognised institution. The dependant will be billed at adult rates.
- **Unemployed child** – (up to a maximum age of 27) who is unemployed and financially dependent on the principal member, (affidavit required).
- **Disabled / mentally challenged** – full medical report required upon application in order to qualify at child dependant rates.

### 2.2 How are waiting periods applied?

Prospective members are required to disclose all details in full of any sickness or medical condition for which medical advice, diagnosis, care or treatment was recommended and/or received prior to the twelve months period ending on the date of which application is made.

Waiting periods are applied when members join the scheme or are registered as dependants according to the following instances:

- If you have never been a member/dependant or not covered on a medical scheme for a period of more than 90 days immediately before applying to the scheme, the scheme may impose a general waiting period of three months and twelve months condition specific waiting on any /all pre-existing medical conditions. This will also be applicable to Prescribed Minimum Benefits.
- If you have been on a medical scheme for a period of less than 24 months and you apply for membership within the three months of termination from the previous medical scheme, a condition specific waiting period for twelve months will apply. If the beneficiary suffers from any pre-existing condition, the scheme may impose any unexpired balances by the previous scheme. The beneficiary will be entitled to the Prescribed Minimum Benefits.
- If you have been on a medical scheme for a period of more than 24 months and apply for membership within the three-month period from termination from the previous medical scheme, the general waiting period of three months will apply. You will be entitled to the Prescribed Minimum Benefits.

### When does the benefit year start?

The scheme's benefits year begins as at the 1 January and ends as at the 31 December of that year. This means that if you join the scheme on the 1 January you are entitled to the full allocation of the year's benefits and limits. However, if you join the scheme during the benefit year, you are only entitled to pro-rated benefits and limits, meaning that you are only entitled to a time-appropriate proportion of the benefits and limits.

**Please note:** You have the opportunity to review and change your choice of plan, three months prior to the beginning of each benefit year. Once you have selected a plan for the benefit year, you cannot change your plan during that benefit year.

### 2.3 Proof of membership

Every member shall be furnished with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or should be admitted to a hospital. You therefore need to ensure that your card is kept securely at all times in order to prove membership.

### 2.4 How do I go about changing my details?

Complete a Member Update Information form, available from our offices on 0861 222 777, or obtainable from our website ([www.compcarewellness.co.za](http://www.compcarewellness.co.za)). A member must notify the scheme within 30 days of any change of address, including the domicilium citandi et executandi (address at which legal proceedings may be instituted).

The scheme shall not be held liable if a member's rights are prejudices or forfeited as a result of the member neglecting to comply with the requirements of this rule.

### 2.5 Late joiner penalties

Late joiner penalties are applicable to an applicant or adult dependant of an applicant, who at the date of application for membership or admission as a dependant is older than the age of 35 years, depending on the number of years that they have not belonged to a registered South African medical scheme. This excludes beneficiaries who enjoyed coverage with one or more medical schemes as from the date proceeding, 1 April 2001, without a break in coverage exceeding three consecutive months since the 1 April 2001. Penalties shall be applied only to that portion of the contribution relative to the late joiner and shall not exceed the following bands:

Penalty bands	Maximum penalty
1- 4 years	0.05 x contribution
5- 14 years	0.25 x contribution
15- 24 years	0.50 x contribution
25 + years	0.75 x contribution

### The penalty is calculated as per the following formulas:

$$A = B (35 + C)$$

#### Where :

**A** = number of years in the penalty band column, **B** = age of the applicant at the time of application, **C** = the number of years of creditable coverage

### 2.6 Complaints and disputes:

Members may lodge their complaints telephonically, or in writing, to the scheme. The scheme's dedicated telephone number for dealing with telephonic complaints is **0861 222 777**.

Call Centre agents will assist the member immediately if possible. All unresolved telephonic complaints or complaints received in writing will be responded to by the scheme in writing within 30 days of receipt thereof. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such member and the scheme or an officer of the scheme, must be referred by the principal officer to a disputes committee (appointed by the Board of Trustees) for adjudication.

# MEMBER GUIDE (continued)

On receipt of a request in terms of this rule, the principal officer must convene a meeting of the disputes committee by giving not less than 21 days notice in writing to the complainant and all the members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

The disputes committee may determine the procedure to be followed. The parties to any dispute have the right to be heard at the proceedings, either in person or through a representative.

An aggrieved person has the right to appeal to the Council for Medical Schemes against the decision of the disputes committee. Such appeal must be in the form of an affidavit and directed to Council and shall be furnished to the Registrar not later than three months after the date on which the decision concerned was made. See page 23 for contact details.

## 3. Contributions payable

The total monthly contributions payable to the scheme by or in respect of a member are as stipulated in the contribution tables in the scheme rules. It shall be the responsibility of the member to notify the scheme of changes in income that may necessitate a change in contribution. Contributions shall be due monthly in arrears or advance, as stipulated in the rules and payable by not later than the third day of each month.

Where contributions or any other debt owing to the scheme have not been paid within three days of the due date, the scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default. In the event that payments are brought up to date, and provided membership has not been cancelled, benefits shall be reinstated without any break in continuity subject to the right of the scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest on the arrear amount at the prime overdraft rate of the scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and any such benefit paid will be recovered by the scheme.

### 3.1 Savings

Your total annual savings contributions are advanced at the beginning of the benefit year (Jan to Dec) for the full calendar year (Jan to Dec). Termination of membership during the benefit year will result in savings being pro-rated. This pro-ration could result in savings contributions being owed to the scheme. Should you terminate your membership with the scheme, the savings balance is payable to the member or transferable to the new medical aid in the 6th month after resignation from the scheme.

### 3.2 Termination of membership

#### 3.2.1 Resignation

A member who, in terms of his/her conditions of employment is required to be a member of the scheme, may not terminate his/her membership while he/she remains an employee without the prior written consent of his/her employer. A member of the scheme who resigns from the service of his/her employer shall, on the date of such termination, be eligible to continue as an individual member without re-applying or the imposition of any new restrictions that did not exist at the time of his/her resignation.

#### 3.2.2 Voluntary termination of membership

A member, who is not required in terms of his/her conditions of employment to be a member, may terminate his/her membership of the scheme by giving three months written notice. All rights to benefits cease after the last day of membership.

#### 3.2.3 Deceased members

The dependants of a deceased member, who are registered with the scheme as his/her dependants at the time of such member's death, shall be entitled to continued membership of the scheme without any new restrictions, limitations or waiting periods. Where a child dependant/s has been orphaned, the eldest child may be deemed to be the member, and any younger siblings, the child dependant/s.

## 4. Members' portions

Members' portions arise when health care service providers are refunded in full by the scheme, but the member still has to cover the cost of a co-payment applicable to the particular benefit or where levies are imposed. Members can refund the scheme by cheque/electronic payment, payroll deduction (if part of an employer group) or make use of the convenience of a debit order.

## 5. Benefits

### 5.1 Choosing a benefit option

Members are entitled to benefits during a financial year, as per the rules of the scheme and such benefits extend through the member to his/her registered dependants. A member must, on admission, elect to participate in any one of the available options, detailed in the rules of the scheme.

If you are a member of an employer group, your choice may be limited to the options agreed on between you and your employer. If you join as an individual, you may choose any of the various options according to your needs and affordability.

### 5.2 Option changes

A member is entitled to change from one to another benefit option subject to the following conditions:

- The change may be made only with effect from 1 January of any calendar year.
- Application to change from one benefit option to another must be in writing and lodged with the scheme within the period notified by the scheme.

### 5.3 Pro-rated benefits

If members join the scheme later than 1 January during a specific year, pro rata annual benefits will apply until the end of the year. From 1 January the following year members will qualify for the full annual benefit.

## 6. How do I submit a claim?

Members are not required to complete a claim form. Simply sign all accounts and invoices and submit them directly to the scheme.

### 6.1 Electronic claims

Most service providers have the facility to submit claims electronically. These claims are then paid directly to the service provider, subject to the available limit, ensuring a very short processing turn-around-time. However it is the member's responsibility to ensure that the claim/s reaches the medical aid within the four month time period from date of treatment and to check remittances for accuracy and validity of the claims submitted by the service providers.

### 6.2 Email/fax/scan

To ensure that claims are promptly processed, please ensure that your name, membership number and contact number/s are on the claims and must be legible. Claims must be submitted within the four-month period from date of treatment.

**Email:** [claims@universal.co.za](mailto:claims@universal.co.za)

**Fax:** 0866 450 991

**Post:** Universal Healthcare Administrators (Pty) Ltd  
Private Bag X49  
Rivonia, 2128

### 6.3 How does the claims process work?

Claims are settled on a weekly basis for payment to the service providers or members. Members will receive a monthly detailed statement of claim's transactions and of all payments made to the member and/or service providers. Kindly ensure that the scheme has your correct banking details to allow for electronic payment. It is ultimately the member's responsibility to ensure that claims are submitted timeously for payment.

### Specialist/s

A referral must be obtained from your general practitioner for visits to specialists, with the exception of services provided by an ophthalmologist or gynaecologist, as well as a paediatrician for children under the age of two and urologist visit for males over 40.

### 6.4 Over-the-Counter-Medicines (OTC)

This medicine is dispensed by a registered pharmacist, who may prescribe medication for minor ailments that do not require a general practitioner consultation and will alleviate a consultation fee that your GP will normally invoice you. Please consult your benefit guide for the OTC rules and limits, and if applicable on your option. This benefit will include any homeopathic medication.