

CompCare

Medical Scheme

Traditional Plan

From only _____
R3 917 Per Month



Mummed  Option

i 2024 Information and
Benefit Guide

Administered by



Universal™

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

***we
care
more.***

compcare.co.za



we care more.

CompCare is a distinguished name among South Africa's leading medical schemes. We have a robust legacy of over 45 years, built on the ethos of caring more.

We offer a diverse range of plans and speciality benefits. These align with the lifestyles, needs, and budgets of our members and their employees. Plus, our efficiency discounted options enable our members to save up to 25% on their contributions. They simply need to buy chronic medication from Dis-Chem and use Netcare hospitals for elective procedures.

For us, caring more means a personalised, high-quality service experience with a focus on holistic wellness. This is the cornerstone of our Speciality Healthcare Bundles.

Our Speciality Healthcare Bundles



CompCare Kids*

CompCare takes special care of the little ones with our unique range of speciality health benefits. These are all paid from risk and will not deplete your day-to-day benefits.

- A newborn hearing screening test.
- A newborn congenital hypothyroidism test.
- Baby wellness visits, childhood immunisations, school readiness assessments, **pre-school eye and hearing screening, a dental screening**, and one additional emergency room visit limited to **R1 550 per event** for children younger than 6 years.
- Three additional **paediatric consultations**.
- **Access to Paed IQ**, a telephonic advisory service that's available 24/7 for any health-related child-care issues.
- **Unlimited GP consultations and basic dentistry** for children younger than 6 years.
- **Initial occupational therapy** consultation.
- **Kid's fitness assessment and exercise prescription** programme.
- **Kid's nutritional assessment and healthy eating** programme.

*Scheme Protocols Apply

CompCare
Women*

At CompCare, we're dedicated to the holistic health and wellness of women. Whether navigating the challenges of a professional career or managing the demands of a growing family, our range of benefits caters to their diverse needs.



Maternity Benefits:

- **Antenatal classes:** Subject to the AFB. Limited to 12 antenatal classes and **R1 000** per pregnancy, including a lactation consultation with a midwife.
- **Antenatal visits:** Paid from risk. Limited to 12 antenatal visits with a GP, midwife or specialist.
- **Maternity bag** issued when registered on the maternity programme.
- **Confinements:** Paid from risk. Includes 2 x 2D ultrasound pregnancy scans. Members can opt for a 3D scan which will be paid at the rate of a 2D scan.
- **One additional nutritional and fitness assessment** per pregnancy (refer to the Active LifeStyle Programmes) – paid from risk.

Additional Benefits:

- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.
- **Contraceptives** limited to **R3 360 PB** for oral contraceptives or IUD device, for female beneficiaries up to 55 years – paid from risk. (RP applies).
- **HPV (Cervical Cancer) vaccine:** Paid from risk. One course (3 doses per registered schedule) per female beneficiary between ages 12 and 18 years.
- **Pap smear:** One per female over the age of 18 per annum – Paid from risk.
- **Mammogram:** One per female beneficiary over the age of 35 every second year – Paid from risk.



CompCare
Emotional Wellness*

We recognise the profound impact of emotional well-being on overall health and ensure that our members receive comprehensive support and access to emotional wellness benefits.

- **Psychiatric treatment in hospital:** Subject to pre-authorisation and protocols – Paid from risk.
- **Psychology: non-psychiatric admissions:** **R2 800 PMF** – Paid from risk.
- **Alcoholism, drug dependence and narcotics:** Unlimited for Prescribed Minimum Benefits. Subject to pre-authorisation and clinical protocols.
- **Psychiatry:** Subject to AFB, limited to **R5 400 PMF**.
- **Clinical psychologists:** Subject to the AFB up to a sub-limit of **R2 000 PMF**.
- **Psychosocial counselling benefit:** Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to 3 face-to-face sessions with qualified psychologists, social workers or registered counsellors.

Our Speciality Healthcare Bundles



CompCare
Men*

We're tuned into the varied health and wellness needs of men. From young professionals leading dynamic active lives, to family men and seasoned executives, our speciality benefits enhance well-being at every relevant touchpoint.

- **Prostate-specific antigen (PSA) blood test:** Paid from risk, one test per male beneficiary over the age of 40 per annum.
- **Access to all Preventative Care benefits:** Paid from risk, refer to Preventative Care Bundle.
- **Access to all Active Lifestyle Programmes:** Paid from risk, refer to Active Lifestyle Programmes Bundle.
- **Access to all Emotional Wellness benefits:** Refer to Emotional Wellness Bundle.



CompCare
Preventative Care Benefits*

Prioritising the power of prevention over cure, we offer our members an extensive range of preventative care benefits that promote a proactive approach to maintaining good health, all paid from risk.

- **GP wellness consultation:** One per beneficiary per year, excludes procedures. Benefit for tariff codes 0190/1/2 and diagnosis codes (ICD10) Z00.0 or Z00.1.
- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference – One measurement per beneficiary over the age of 18 years, limited to **R275 per event**. At a DSP pharmacy.
- **Rapid HIV tests.**
- **Flu vaccine:** One per beneficiary.
- **Tetanus vaccine:** One vaccination when required.
- **Glaucoma test:** One per beneficiary.
- **Colorectal cancer screening:** One bowel cancer screening test every two years for beneficiaries between the ages of 45 and 75.
- **Lipogram:** One fasting lipogram per beneficiary over the age of 20 years. Once every 5 years.

Our Speciality Healthcare Bundles



CompCare Travel Cover*

Travel is about creating memories, not worries. We've developed benefits (paid from risk) that let you focus on your adventure, knowing we've got you covered for the unexpected.

- **Preventative** malaria medication when required.
- **Travel vaccinations** up to a limit of **R600 PB** when for travel purposes. Benefit for the following conditions: Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal Disease
- **International Travel cover** for emergency medical costs of up to R5 million per person on each journey while travelling outside of South Africa. This cover is for a period of 90 days from departure from South Africa. Pre-existing conditions are excluded (via Universal 360°).



CompCare Professional and Adventure Sports Cover*

For those who enjoy pushing life's boundaries with adventure and professional sports, we've designed a set of benefits to ensure you're covered against unexpected injuries.

- Emergency search and rescue: Paid from risk.
- Access to all Active Lifestyle Programmes: Paid from risk.
- Cover for injuries resulting from professional and adventure sports.



CompCare Active Lifestyle Programmes*

We help our members reach their fitness and well-being goals with our exercise prescription, nutritional assessment, and healthy eating plan benefits. CompCare supports your commitment to a healthy lifestyle by paying for these benefits from risk.

- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for an annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- **Nutritional assessment and healthy eating plan:** Access to the Universal Network of dietitians for an annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring.



Understanding your Option

You're young at heart and focused on getting traction in your career and making a success of your life. You want something a little more comprehensive than what a savings plan offers.

Let's get started on explaining some of the basics of your cover: You pay your contribution, and based on that we pay your claims. Claims are incurred when you visit a doctor/ dentist/ optometrist/specialist or any other registered healthcare provider, or if you are hospitalised.

Claims are divided into two categories, namely routine or day-to-day, out-of-hospital claims and in-hospital (otherwise known as major medical risk) expenses. Your day- to-day claims are paid from your Annual Flexi Benefit (AFB) - even though this is classified as a day-to-day benefit, it forms part of the Scheme's risk benefit.

You have a set amount of AFB per year that you can use for day-to-day claims. If you have used all your AFB before the end of the year, you will need to pay subsequent day-to-day claims from your pocket. The balance of your GP visits will however be available even though your AFB is depleted.

In-hospital claims are settled from the Scheme's risk pool. Hospital expenses are unlimited for Prescribed Minimum Benefits and 10 additional non-PMB conditions at Netcare hospitals, subject to pre-authorisation but sub-limits may apply to certain specified services.

***Scheme Protocols Apply**



1. Hospital Benefits*

At any Netcare Hospital

Benefits are unlimited and paid at 100% of the Scheme Rate at any Netcare hospital unless otherwise specified. Overall Annual Limit (OAL) unlimited. Pre-authorisation required and Scheme protocols apply.

Hospitalisation

Unlimited cover for Prescribed Minimum Benefit admissions and 10 additional non-PMB conditions.

Specified elective procedures may have a co-payment (excluding PMBs). Please refer to our website (compcare.co.za) for a list of co-payments and exclusions.

Hospital Related Accounts

GP visits, specialists, radiology, surgical procedures and blood transfusions.

Specialists paid at 100% of the Scheme rate.

Medicine in Hospital

Medicine Upon Discharge (TTO)

7 days' supply.

Organ Transplants

Unlimited for Prescribed Minimum Benefits.

Pathology

Unlimited.

Basic Radiology

Unlimited.

Surgical Prosthesis

Overall limit of **R40 000 PMF**.

Sub-limits apply.

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

Auxiliary Services in Hospital

Physiotherapy, biokinetics, dietitian, etc. Collective limit of **R3 600 PMF** in and out of hospital. A separate pre-authorisation is required for in-hospital auxiliary services.

Email casemanagement@universal.co.za for pre-authorisation.

Specialised Radiology

Limited to **R30 500 PMF**.

MRI, CT, High resolution CT and PET scans. Pre-authorisation required for all MRI and CT Scans. High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans, except for PMBs. No benefit for screening purposes.

A co-payment of **R2 000** will apply.

Radial Keratotomy and Excimer Laser

Subject to the Optometry benefit. Subject to pre-authorisation and Scheme protocols.

Surgical Procedures Out-of-Hospital

Subject to pre-authorisation and Scheme protocols.

Surgical Procedures (Non-PMB)

Additional procedures covered in hospital at the AT:

1. Circumcisions
2. Tonsillectomies and adenoidectomies
3. Endoscopic Sinus surgery
4. Arthroscopy knee
5. Ligament and tendon repairs – shoulder, wrist, knee and ankle
6. Carpal Tunnel repair
7. Sterilisations
8. Impacted wisdoms
9. Gastroscopy for GORD
10. Wedge/matrix excision nail

Surgical Procedures (Non-PMB)

The following procedural co-payments are payable on specified elective procedures (excluding PMBs):

Functional Endoscopic Sinus Surgery (FESS)	R5 100
Dental	R5 100
Excision lesion - benign and malignant	R5 100
Adenoidectomy, myringotomy - grommets, tonsillectomy	R3 900
Gastroscopy	R5 100

Prescribed Minimum Benefits covered in full with no co-payment applicable.

Hospital Pre-Authorisation Process

It's the member's responsibility to make sure that all non-emergency hospital admissions are authorised by either requesting pre-authorisation via the MobiApp, phoning **0860 111 090** or by sending an email to preauthorisation@universal.co.za. These must be authorised at least 48 hours prior to admission.

The hospital utilisation management team will need the following details: name of the patient being admitted, medical aid number, hospital name, date of admission, name and practice number of admitting practitioner, ICD 10 and procedural codes. A penalty will apply for late requests for authorisations.

Emergency admissions must be authorised on the first working day after admission. A penalty will apply should the member not obtain authorisation. This also applies to oncology treatment.

For auxiliary services in hospital (i.e. physiotherapy, dietician, etc.) a separate pre-authorisation is required. The claim will not be paid under the hospital pre-authorisation number.)

"100% of the Scheme Rate"

SCHEME RATE refers to the maximum amounts that a medical Scheme will pay for specific treatments and procedures.

100% OF SCHEME RATE means the Scheme will pay 100% of what is specified in the Scheme rules.

Please note that some providers might charge more than what the Scheme will pay for and the member is liable for that shortfall.

*Scheme Protocols Apply

Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App** for CompCare members for pre-authorisation.

For hospital account queries, email: hospitalaccounts@universal.co.za

Cover in any Netcare hospital. Voluntary, non-emergency admissions to a non-Netcare facility will attract a co-payment of 30% with a minimum of R7 500. Specified elective procedures may have a co-payment (excluding PMBs).



2. Day-to-Day Benefits*

These Benefits are Subject to Your Annual Flexi Benefit (AFB)

Benefits are paid at 100% of the Scheme rate unless otherwise specified.

Consultations, Procedures and Materials

GPs and Specialists

Paid from AFB.

GP: M: 6 Visits; M+1: 8 Visits; M+2: 10 Visits, M+3+: 11 Visits.

Once AFB is exhausted the balance of the visits are available and paid from risk (excluding procedure and material costs).

Specialist: Paid at 100% of the Scheme Rate.

A referral from a GP is required before seeking treatment from a specialist except for services provided by an ophthalmologist, gynaecologist, dermatologist, oncologist or urologist (for beneficiaries over the age of 40) and a paediatrician in respect of children under the age of 2 years, or where multiple visits to a specialist have been authorised.

Non-referral will attract a 30% co-payment. Please remember to obtain pre-authorisation for any procedures.

3 Paediatric consultations per child dependant under 2 years for the monitoring of development and milestones. Paid from risk.

Medicine

Paid from AFB.

Acute medication

Prescription medication – Schedule 3 and higher.

A 25% co-payment is applicable on non-generic products. Maximum Medical Aid Price (MMAP) applies to medication where a generic product is available and might result in a co-payment.

Over-the-counter medication (OTC)

Limited to R710 PB and R1 380 PMF in AFB to a maximum of R220 per event. Does not accumulate to threshold.

Auxiliary Services

Paid from AFB.

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

Collective sub-limit of R3 600 PMF in and out of hospital.

Surgical and Medical Appliances

Paid from AFB.

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

Pre-authorisation required and sub-limits apply.

Optometry

Paid from AFB.

100% of SAOA rate.

Eye test

1 Visit PB every second year.

Lenses, contact lenses or disposable lenses

Sub-limit of R1 900 PB and R5 450 PMF.

Benefit PB for either glasses every 2nd year or contact lenses per annum, subject to available benefit.

Frames

1 Frame PB every second year with a sub-limit of R950 included in lenses limit.

Radial Keratotomy and Excimer Laser

Subject to AFB and optical limit.

Pathology

Paid from AFB.

Radiology

Basic radiology

Paid from AFB.

Including black and white X-rays and ultrasound.

Specialised radiology

MRI, CT, high resolution CT and PET scans.

Combined limit with in-hospital specialised radiology benefit. Limited to R30 500 PMF.

Pre-authorisation required for all MRI and CT scans. High Resolution CT Scans/PET Scans subject to special medical motivation and pre-authorisation. No benefit for unauthorised scans, except for PMBs. No benefit for screening purposes. A co-payment of R2 000 will apply.

Contact 0860 111 090 or email

preauthorisation@universal.co.za

Dentistry

Paid from AFB.

Basic dentistry

Conservative and restorative. Unlimited basic dentistry for children younger than 6 years funded from risk.

Specialised dentistry

Dentures, crowns, bridgework, metal fillings and inlays. Sub-limit of R2 600 PB. Subject to protocols.

A quotation must be submitted for approval prior to the commencement of treatment. No benefit for orthodontic treatment for patients older than 18 years.

Email address for dental authorisation:

dental@universal.co.za

REMEMBER!

- 1 Always obtain pre-authorisation
- 2 Sign any documentation you submit
- 3 Take note of the appropriate contact details

Specialist Pre-authorisation email
specauth@universal.co.za

General hospital Pre-authorisation email:
preauthorisation@universal.co.za



Please ensure that you have a referral from your GP for all specialist visits.

Annual Benefit Amounts for 2024

	Principal Member	Adult Dependant	Child Dependant
Annual Flexi Benefit (AFB)	R7 056	R4 404	R1 800

Specialist Referral Process

A referral from a GP is required before seeking treatment from a specialist, failing which said specialist consultation will attract a 30% co-payment on the visit as well as related services. Members are required to notify the Scheme of a specialist visit prior to booking the consultation by requesting a "Spec Auth". This can be done by contacting the Call Centre or by sending an email to specauth@universal.co.za.

The following information is required:

- Referral letter from the member's GP on the practice letterhead.
- Member medical aid number.
- Name of dependent.
- Member's correct contact numbers.
- Intended date of specialist consultation.
- Specialist's name, practice number and contact details.

Should a specialist refer the member to another specialist, the referral letter from the specialist referring to the other specialist needs to be provided (the visit to the first specialist should have been authorised). The member is not required to go back to their GP for another referral letter in this instance.

A GP referral is not required in the following instances:

- One gynaecologist visit per female, over the age of 16, per year.
- One urologist visit per male, over the age of 40, per year.
- Paediatrician consultations for children under the age of 2.
- Specialist visits during pregnancy.
- Oncologist's consultations, as this will be approved as part of an oncology Management Programme.
- Optical and dental specialist consultation (ophthalmologists and orthodontists).
- Visits to a dermatologist. Remember to obtain pre-authorisation for any procedures.
- Where multiple specialist visits have been authorised.

*Scheme Protocols Apply

3. Chronic Medication Benefits*

Chronic Medication*

37 Chronic conditions are covered. **27 of the 37 chronic conditions** include conditions from the Chronic Disease List (CDL).

10 of the conditions are referred to as non-CDL conditions.

27 CDL chronic conditions – unlimited benefit with no co-payments or levy if the medicine is listed on the Scheme's formulary and the price of the medicine is equal to or less than the reference price of the product.

Non-CDL medicines – subject to the AFB. Once the benefit is depleted, CDL medicines are unlimited. A 25% co-payment will apply if medicine is not on the formulary.

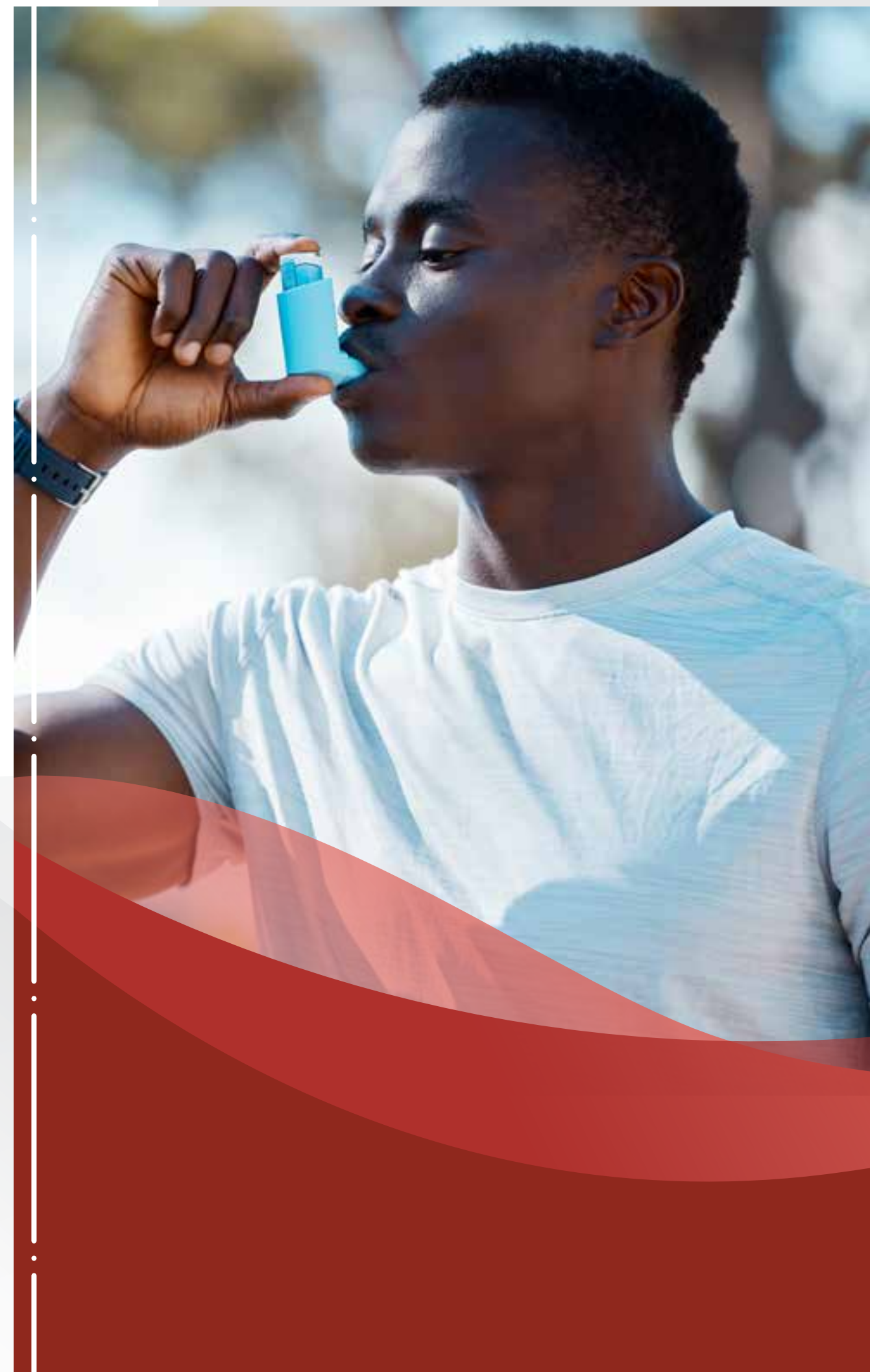
Chronic Condition and Medicine Registration Process

In order to receive the chronic medication benefit, members must register their chronic medicine prescriptions with Universal Healthcare – administrator of the Scheme. To register your chronic medicine prescription with Universal, either you, your doctor or your pharmacist will be required to contact Universal telephonically on **0861 222 777** or send an email to **chronicmedicine@universal.co.za**. The completion of chronic medication application forms are no longer required.

37 Conditions Covered:

Addison's disease*	Haemophilia
Angina	HIV/AIDS*
Ankylosing spondylitis	Hormone replacement therapy
Asthma*	Hypertension*
Bipolar mood disorder*	Hypoparathyroidism
Bronchiectasis*	Hypothyroidism
Cardiac arrhythmias*	Ischaemic heart disease
Cardiomyopathy*	Multiple sclerosis*
Chronic renal failure*	Myasthenia gravis
Congestive cardiac failure*	Parkinson's disease*
Chronic obstructive pulmonary disease*	Rheumatoid arthritis*
Chronic bronchitis	Schizophrenia*
Coronary artery disease*	Stroke
Crohn's disease*	Systemic lupus erythematosus*
Diabetes insipidus*	Ulcerative colitis*
Diabetes mellitus type 1 and 2*	Vertigo
Emphysema	
Epilepsy*	
Glaucoma*	

Members must obtain their chronic medicines from a Dis-Chem pharmacy (including Dis-Chem Courier Pharmacy (DSP)). A 25% co-payment will be payable upon voluntary use of a non-DSP Pharmacy.





Emergency Care

What to do in the event of an emergency: Call the emergency medical services provider, **Netcare 911** on **082 911**.

Please note: To avoid a 25% co-payment, authorisation needs to be obtained at the time of the emergency, or within 24 hours thereafter.

**Emergency Medical Transport Services:
Netcare 911 - 082 911**

4. PMBs and Other Benefits Paid from Risk*

Benefits Paid by the Scheme (Unless Otherwise Indicated)

Prescribed Minimum Benefits (PMBs)*

All PMBs are defined in the Medical Schemes Act No 131 of 1998.

Organ transplants, renal dialysis and plasmapheresis are unlimited for PMBs subject to pre-authorisation and PMB protocols.

COVID-19 Benefits

Members who have tested positive for COVID-19 will have access to the following benefits in addition to the Prescribed Minimum Benefits:

- Pulse Oximeter (**R850 PMF**)
- Nebulizer (**R550 PMF**)
- Thermal Thermometer (**R450 PMF**)

Pre-authorisation and managed care protocols apply.

Please See Emergency Events Below*:

- Emergency roadside assistance and ambulance transportation through Netcare 911.
- **Hospital emergency room/casualty emergency** visits resulting in a hospital admission will be paid from the in-hospital benefit.
- **Hospital emergency room/casualty emergency** visits as a result of physical injury caused by an external force will be paid in full.
- **Hospital emergency room/casualty emergency** visits not requiring admission will be paid from your AFB.
- **Child emergency benefit:** If AFB is depleted, members have access to one additional visit at an emergency room per child younger than 6 years. Limited to **R1 550** per event.
- **Emergency search and rescue.**

Oncology and Speciality Care*

- Unlimited **oncology** including chemotherapy and radiotherapy at the Scheme's oncology DSP.
- **Biological agents and specialised medication** – limited to **R178 500 PMF** per year (25% co-payment on non-PMB medicine).

Contact 0860 111 090 or email oncology@universal.co.za for pre-authorisation and any oncology related queries (not account related).

- **Wound care** in lieu of hospitalisation.
- **Oxygen home ventilation.**
- **Home nursing visits** limited to 20 days PMF. Subject to AFB.
- **Step-down nursing facilities, hospice, rehabilitation and home based care in lieu of hospitalisation.** Unlimited subject to pre-authorisation and clinical protocols.

Email alternativecare@universal.co.za for pre-authorisation.

***Scheme Protocols Apply**

5. Contributions

Effective from 1 January 2024

Monthly	Principal Member	Adult Dependant	Child Dependant*
Contribution	R3 917	R3 049	R1 087
Annual Benefit Amounts for 2024			
Annual Flexi Benefit (AFB)	R7 056	R4 404	R1 800

*A **child dependant** is a dependant who is under the age of 21 years or a full time student up to the age of 27 years. An adult dependant is a dependant who is 21 years or older. These rates are only applicable to the main member and a maximum of three child dependants

Glossary

- A

Adult Dependant
- AFB

Annual Flexi Benefit
- C

Child Dependant
- CDL

Chronic Disease List
- DSP

Designated Service Provider
- MMAP

Maximum Medical Aid Price
- OTC

Over-the-Counter Medicine
- PB

Per Beneficiary
- PMB

Prescribed Minimum Benefits
- PMF

Per Member Family
- RP

Reference Pricing
- SAOA

South African Optometric Association
- TL

Threshold Level
- TTO

To Take Out (Medicine taken on discharge from hospital)



Like what you see?

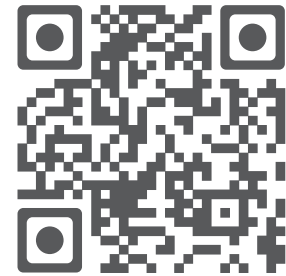


6. Contact Us

Everything you Need, at the Touch of a Button

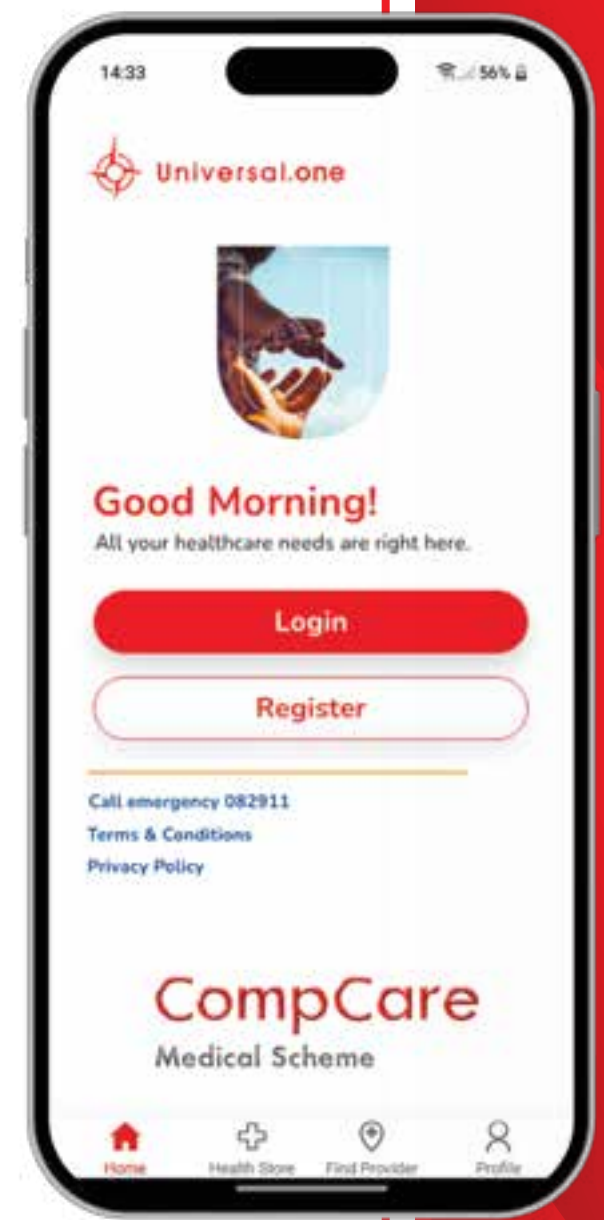
Our member App is your mobile gateway to information, allowing you to edit your personal details and view your option, benefits and claims anywhere, anytime. Check anything from claims to benefits and where your closest doctor is.

Simply download the Universal.one App from the Apple and Google Play Store and follow the prompts on your smart device to install, continue and register.



DOWNLOAD NOW

uConsult™ is a revolutionary online consultation platform that's accessible to any patient and healthcare provider with a smart device and internet connection. You can visit your healthcare provider on uConsult™ via the member app or by visiting u-consult.co.za.



Pre-authorisation

- Contact **0860 111 090**, email preauthorisation@universal.co.za or download the **Universal.one App for CompCare members** for pre-authorisation.
- For hospital account queries, email hospitalaccounts@universal.co.za
- For specialist pre-authorisation, email specauth@universal.co.za
- For general hospital pre-authorisation, email preauthorisation@universal.co.za

Emergency Medical Transport Services:
Netcare 911 - 082 911

Contact Details

CompCare Medical Scheme:
Universal Place, 15 Tambach Road,
Sunninghill Park, Sandton
PO Box 1411, Rivonia, 2128
Tel: 0861 222 777
Email: compcare@universal.co.za
Web: compcare.co.za

Complaints escalated to the Council for Medical Schemes:
Tel: 0861 123 267
Email: complaints@medicalschemes.com
Web: medicalschemes.com

Mumed ED



Administered by  Universal™

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2024 CompCare 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.

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. If you leave the Scheme before the year is up and have used all the funds in your savings account, you will owe the Scheme the advanced portion of the Medical Savings Account you have used as it is a pro-rated benefit allocated in advance for the full benefit 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.

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