CompCare
Medical Scheme

2026

Benefit Guide

compcare.co.za

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

Administered by Universal®

Your health and wellness on autopilot

Every moment
Every day

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This document provides a summary of the benefits. In the event of a dispute, the formal rules of CompCare Medical Scheme will take precedence (subject to approval by the Council for Medical Schemes). For members joining during the year, benefits will be allocated on a pro-rata basis for the remaining period of the year.

Universal Healthcare Administrators (Pty) Ltd is the administrator of CompCare Medical Scheme.

Overview

Why Choose CompCare?

Well-versed
With 45+ years' experience, CompCare offers medical aid cover to all South Africans.

Options for everyone
Select from a range of medical aid options specifically tailored to suit the healthcare needs of individuals, young couples, and families.

Cover for moms and babies
Get access to additional maternity, newborn, and toddler benefits.

Maximise your benefits
In addition to your day-to-day benefits, members receive wellness, preventative care and care maximiser benefits worth up to R42 600.

Quality care
Access to quality private healthcare via the Universal Network of 12 000+ providers nationwide.

Unlimited emergency transportation
By road and air in South Africa.

Comprehensive medical cover
All options include assistance to manage chronic conditions such as diabetes and hypertension.

Convenient virtual consultations
Benefit from virtual consultations with GPs and online nurse chats from the comfort of your home via uConsult™.

Trusted mental health benefits
All benefit options offer 24/7 access to professional telephonic counselling.

All your medical aid information at your fingertips
View your membership details, claims, and more on the Universal.one App for CompCare members.

International cover
International emergency medical travel cover via Universal Rewards.

Instant cover
Regardless of the day of the month, we offer you instant next day cover at a prorated contribution. Simply join via our easy-to-use online application form.

Scan to speak to a product specialist to join

How to join CompCare?

Join CompCare via the app

Apply in under 10 minutes
You can join CompCare Medical Scheme right now through a simple, quick and user-friendly process of completing an application on your smartphone.

Simply download the Universal.one App for CompCare members from the Apple or Google Play store.

GET IT ON Google Play | Download on the App Store

Open the app, select **Register** and follow the step-by-step prompts to be automatically logged in.

Membership at midnight on the day of joining
Once approved, you will immediately receive your membership number and digital membership card, and you can start enjoying the peace of mind that comes from being covered by the comprehensive benefits of CompCare.

SelfCare I+Plus

SaverCare I+Plus

ExtraCare

UltraCare

UltraCare I+Plus

ExecuCare

ExecuCare I+Plus

Scan
to speak to a product specialist to join

Universal.one App

Your membership app in motion

Easily navigate your medical aid membership and your health journey

- Quick access to your **digital membership card** and membership details.
- Register your **chronic conditions** and chronic medicine prescriptions.
- Download and share **membership certificates.**
- View, download and share your weekly and monthly **statements.**
- Easily **submit claims** and track your medical scheme expenses.
- Request hospital **pre-authorisation** prior to admission.
- **Tax certificates** can easily be viewed, downloaded and shared.

uHealthCheck – Your health in 30 seconds

A 30-second AI-driven video selfie that provides medical-grade metrics, health risk insights, and a wellness score you can track over time, using advanced TOI™ and DeepAffex technology.

uWellness® – Total well-being in one app

A comprehensive wellness platform offering tools, tips, assessments, and device integration to support all eight dimensions of wellbeing.

uHealthChat™ – Unlimited nurse consults, 24/7

Connect with qualified nurses through a secure online chat for instant, nurse-led care anytime, anywhere.

uConsult™ – Virtual doctor visits

A secure online platform for doctor consultations, e-prescriptions, test requests, and sick notes, anytime and anywhere.

SARAH – Your AI health promoter

Backed by the World Health Organisation, a 24/7 AI health promoter that answers health and lifestyle related questions, just like a real conversation.

SmartRecords

Secure, instant access to your complete health history — including medications, test results, consultations, and hospital records — all in one digital record.

Personal Health Assistant

An AI-powered assistant that keeps you on track with timely reminders for prescription renewals, medication refills, appointments, vaccinations, and follow-ups.

uMeds Pharmacy

Get your script online and share it automatically with uMeds courier pharmacy, and get it delivered to your door (coming your way in 2026).

Summary of benefit options

SelfCare Plus

From **R2 820** P/M

Are you a Gen Z or young professional, under 30, looking for your first medical aid? The SelfCare Plus option offers unlimited hospital cover and a 10% medical savings account for day-to-day healthcare.

SaverCare Plus

From **R4 394** P/M

Are you an up-and-coming executive or have a young family? SaverCare Plus provides private hospital cover, a savings account, and extra day-to-day cover. Plus, any unused savings roll over to the following year, keeping your family healthy.

ExtraCare

From **R6 968** P/M

Get comprehensive family cover with the ExtraCare option. Enjoy private hospitalisation plus out-of-hospital services and pooled day-to-day benefits, including an extra benefit for radiology, pathology, dentistry as well as optometry.

UltraCare

UltraCare Plus | UltraCare

From **R9 014** P/M

The UltraCare range offers a traditional benefit structure that provides complete cover with unlimited hospitalisation and comprehensive day-to-day benefits. These options also include a substantial Above Threshold Benefit.

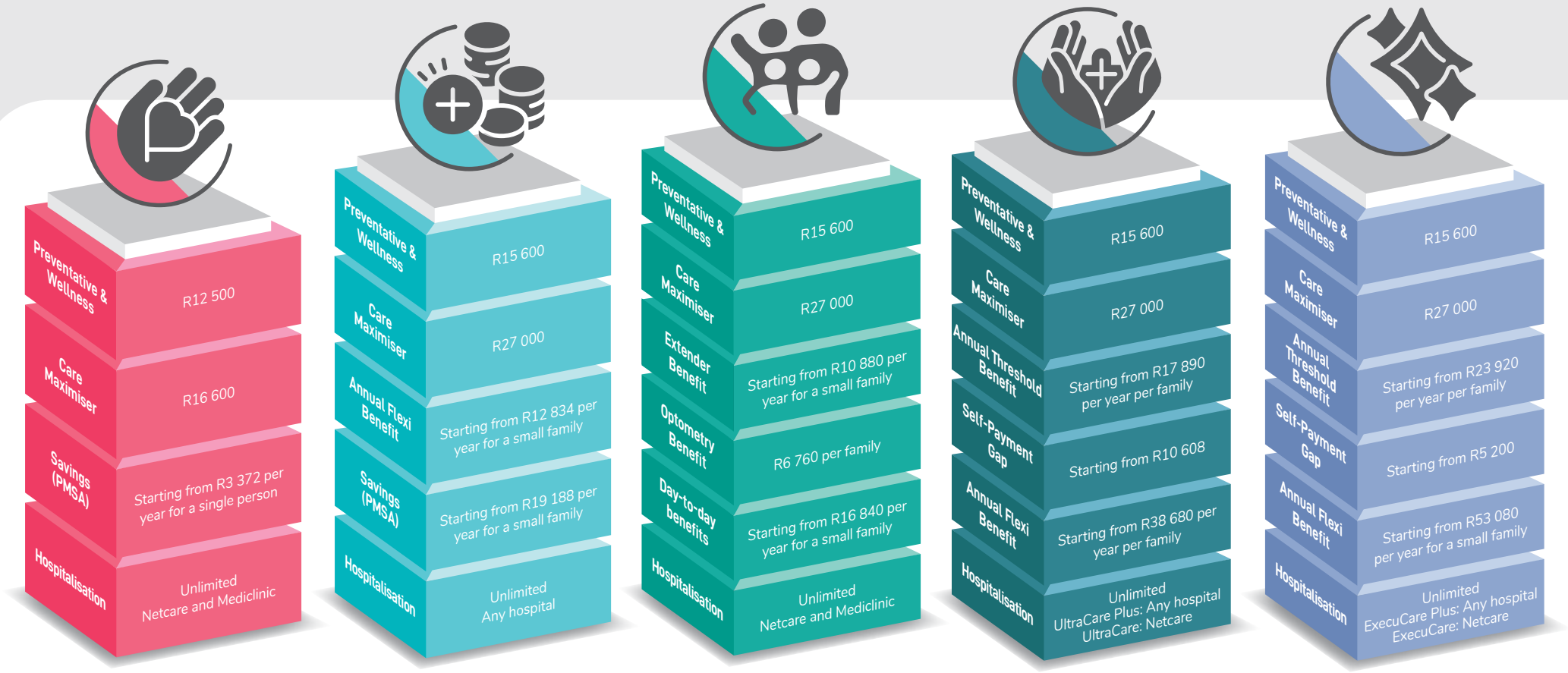
ExecuCare

ExecuCare Plus | ExecuCare

From **R11 709** P/M

The ExecuCare range is ideal for those looking for elite cover with rich benefits including unlimited cover in private hospitals and wards, as well as superior day-to-day benefits. These options also offer an extensive Above Threshold Benefit.

Summary of options (continued)



SelfCare I+Plus

SaverCare I+Plus

ExtraCare

UltraCare

ExecuCare

UltraCare I+Plus

ExecuCare I+Plus

Your monthly contributions

With CompCare, your monthly contribution provides access to essential healthcare services including doctors' visits, hospital stays and medication. The amount depends on your chosen benefit option and the number of people covered.

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Principal member	R2 820 **R281** of your contribution is used for your savings. Total annual savings of **R3 372.**	R4 394 **R658** of your contribution is used for your savings. Total annual savings of **R7 896.**	R6 968	R9 014	R10 858	R11 709	R13 162
Adult dependant	R2 820 **R281** of your contribution is used for your savings. Total annual savings of **R3 372.**	R3 670 **R549** of your contribution is used for your savings. Total annual savings of **R6 588.**	R6 968	R8 112	R9 771	R10 538	R11 846
Child dependant*	R986 **R97** of your contribution is used for your savings. Total annual savings of **R1 164.**	R1 316 **R196** of your contribution is used for your savings. Total annual savings of **R2 352.**	R2 438	R3 154	R3 800	R4 098	R4 606

Family rates

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
	R5 640 Total annual savings of **R6 744.**	R8 064 Total annual savings of **R14 484.**	R13 936	R17 126	R20 629	R22 247	R25 008
	Designed for Gen Zs under 30, this option offers essential healthcare benefits for individuals and young couples. Families should consider options offering child benefits for peace of mind.	R9 380 Total annual savings of **R16 836.**	R16 374	R20 280	R24 429	R26 345	R29 614
		R10 696 Total annual savings of **R19 188.**	R18 812	R23 434	R28 229	R30 443	R34 220
		R12 012 Total annual savings of **R21 540.**	R21 250	R26 588	R32 029	R34 541	R38 826
+ free*		R12 012 Total annual savings of **R21 540.**	R21 250	R26 588	R32 029	R34 541	R38 826

** Child rates apply until the end of the year in which the child turns 21 years. Members only pay for a maximum of 3 children.*

Personal Medical Savings Account
(PMSA) explained

Some benefit options include a personal medical savings account that helps cover day-to-day medical expenses.

How does it work?

- A portion of your monthly contributions is allocated to your PMSA.
- This PMSA is used to pay for your out-of-hospital medical expenses or selected co-payments.
- The annual PMSA is available upfront from the date you join.

Unused funds

- Any unused savings are carried over to the next year.
- These savings remain available as long as you remain a member of the Scheme, and on a benefit option that offers a PMSA.

Benefits of a PMSA

Immediate access to funds for routine medical needs.

You control how and when you use the savings.

It helps manage out-of-pocket medical costs.

Which expenses does it cover?

You can use your PMSA for any essential medical expenses such as:

- Routine GP visits.
- Over-the-counter and prescription medication.
- Dental check-ups.
- Optometry services.
- Minor medical procedures.

What happens if the PMSA runs out?

Once your savings are depleted, you will need to pay for medical services or rely on additional benefits provided by your benefit option.

Important to know

The percentage of your contribution allocated to the PMSA depends on your benefit option.

Available on: SelfCare Plus, SaverCare Plus

Eight tips to stretch your benefits

Small, smart choices add up to big medical aid savings. Put your healthcare on autopilot with eight simple moves for year-round wins. Small, smart choices can make your medical aid go further. With these easy tips, you can stretch your benefits and stay covered for the moments that matter most.

1. Get your health checks done

Prevention really is better than a cure. Start your year by booking the check-ups, screenings, and vaccines your plan covers at no extra cost. And remember, you don't always need to go to a GP for these — your local pharmacy can give you a flu vaccine, check your blood pressure, and offer other preventative services, saving you both time and money.

2. Choose generic medicines

When your doctor prescribes medication, ask if there's a generic alternative. Generics have the same active ingredients as patent versions but are less expensive. This means you'll spend less from your day-to-day benefits while getting the same quality care.

3. Avoid unnecessary medicine purchases

Sometimes doctors prescribe medication you already have at home. Before filling the prescription, check your medicine cabinet and notify your pharmacist so they can remove any duplicates from your script. This stops you from paying for medicines you already have.

4. Visit network providers

Certain CompCare benefit options include network hospitals and service providers at pre-negociated rates. By using them, you can avoid unexpected costs and make your benefits last longer. Always check the list of network providers on the Universal.one App before booking an appointment.

5. Plan ahead

Spread your healthcare expenses evenly through the year. Mark important dates, such as dental check-ups and specialist visits, in advance to avoid incurring multiple costs at once.

6. Co-payment tip

If you have gap cover, always confirm your provider's rules before paying. Some providers specify that if you pay co-payments from your Personal Medical Savings Account (PMSA), you cannot claim that money back from your gap cover. Check with your broker or gap cover provider first — this way, your PMSA will last longer.

7. Ask for agreed rates

Some specialists, especially anaesthetists, may charge more than your medical aid covers. Always confirm if they work on agreed or contracted rates before your procedure. This can save you from large out-of-pocket expenses.

8. Stay healthy

The best way to stretch your benefits is to use them less often. A balanced diet, regular exercise, sufficient sleep, and effective stress management can help reduce the frequency of doctor visits. Healthy living is the ultimate money-saver.

Real benefits

Day-to-day benefits

Day-to-day benefits cover routine healthcare costs such as GP visits, prescription medicine, dental check-ups, radiology, pathology and optometry. The level of cover varies per option, offering either comprehensive benefits for frequent care, or basic cover, ensuring a balance between healthcare needs and affordability.

How are these benefits covered?

Personal Medical Saving Account (PMSA)

A portion of your monthly contribution on SelfCare Plus and SaverCare Plus is allocated to your PMSA to cover your day-to-day medical expenses.

Annual Flexi Benefit (AFB)

On SaverCare Plus the AFB is an insured benefit. Fixed amounts are provided by CompCare to cover day-to-day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions based on your chosen option. This option includes a Personal Medical Savings Account (PMSA), from which claims are paid first. Once the PMSA is exhausted, the AFB insured benefit will become available.

Above Threshold Benefit (ATB)

CompCare's UltraCare, UltraCare Plus, ExecuCare and ExecuCare Plus options unlock extra value through the ATB. Once your AFB is depleted, you will reach the Self-Payment Gap, where you are liable to fund your day-to-day expenses until you reach the Annual Threshold. The ATB provides additional benefit amounts for selected medical expenses, including GP and specialist consultations, prescribed acute medication, radiology and pathology.

Day-to-Day Benefit on ExtraCare

The ExtraCare option includes a Day-to-Day Benefit which covers routine healthcare expenses. Examples of such expenses include:

- Doctor's consultations (GP and specialist visits)
- Prescription medication
- Minor medical procedures that don't require hospitalisation

Day-to-Day Extender Benefit on ExtraCare

This benefit, on the ExtraCare option is available for out-of-hospital medical expenses which includes radiology, pathology, basic dentistry, physiotherapy and biokinetics.

Day-to-day benefits (continued)

SelfCare Plus	Principal Member	Adult Dependant	Child Dependant*
PMSA	Total annual savings of **R3 372**	Total annual savings of **R3 372**	Total annual savings of **R1 164**

SaverCare Plus	Principal Member	Adult Dependant	Child Dependant*
PMSA	Total annual savings of **R7 896**	Total annual savings of **R6 588**	Total annual savings of **R2 352**
AFB	**R5 272**	**R4 404**	**R1 579**

ExtraCare	Principal Member	Adult Dependant	Child Dependant*
Day-to-Day Benefit	**R6 970**	**R4 890**	**R2 490**
Day-to-Day Extender Benefit	**R6 970** per beneficiary to a maximum of **R10 880** per family.		
Optometry benefit	**R6 760** per family.		

UltraCare Plus UltraCare	Principal Member	Adult Dependant	Child Dependant*
AFB	**R16 640**	**R12 480**	**R4 780**
SPG	**R10 608**	**R7 900**	**R2 910**
Annual Threshold	**R27 248**	**R20 380**	**R7 690**
ATB	**R10 050** per beneficiary to a maximum of **R17 890** per family.		

ExecuCare Plus ExecuCare	Principal Member	Adult Dependant	Child Dependant*
AFB	**R22 930**	**R17 470**	**R6 340**
SPG	**R5 200**	**R3 120**	**R1 040**
Annual Threshold	**R28 130**	**R20 590**	**R7 380**
ATB	**R11 700** per beneficiary to a maximum of **R23 920** per family.		

** Child dependants' amounts and rates apply until the end of the year in which the child turns 21 years old. A maximum of 3 children apply.*

Day-to-day benefits: In detail

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Day-to-day benefits	10% PMSA P: R3 372 A: R3 372 C: R1 164	15% PMSA. P: R7 896 A: R6 588 C: R2 352 **AFB:** All day-to-day benefits will first be paid from the PMSA (except for PMBs). Once the PMSA is depleted, it will be paid from the AFB: P: R5 272 A: R4 404 C: R1 579	**Day-to-Day Benefit:** Specified day-to-day benefits including GP's, specialists, chronic medicines, acute medicines, over the counter medicine, specialised dentistry, auxiliary services, clinical psychologists and psychiatry, home oxygen, surgical and medical appliances and home nursing visits will be paid from the Day-to-Day Benefit: P: R6 970 A: R4 890 C: R2 490 **Day-to-Day Extender Benefit:** Out-of-hospital radiology, pathology, basic dentistry, physiotherapy and biokinetics are paid from the Day-to-Day Extender Benefit to the amounts of: PB: R6 970 PMF: R10 880 **Optometry Benefit:** R6 760 PMF.	**AFB:** Day-to-day benefits are first paid from the AFB: P: R16 640 A: R12 480 C: R4 780 (To a maximum of 3 children.) **SPG:** A self-payment gap is applicable once the AFB is depleted and before the Annual Threshold is reached. Thereafter the ATB becomes available. The annual SPG amounts are: P: R10 608 A: R7 900 C: R2 910 (GP and specialist consultations, prescribed acute medication, radiology and pathology will accumulate to the Annual Threshold and then paid from the ATB.) **ATB:** Once the Annual Threshold is reached, the following ATB amounts become available for specified day-to-day expenses: PB: R10 050 PF: R17 890	**AFB:** Day-to-day benefits are first paid from the AFB: P: R22 930 A: R17 470 C: R6 340 (To a maximum of 3 children.) **SPG:** A self-payment gap is applicable once the AFB is depleted and before the Annual Threshold is reached. Thereafter the ATB becomes available. The annual SPG amounts are: P: R5 200 A: R3 120 C: R1 040 (GP and specialist consultations, prescribed acute medication, radiology and pathology will accumulate to the Annual Threshold and then paid from the ATB.) **ATB:** Once the Annual Threshold is reached, the following ATB amounts become available for specified day-to-day expenses: PB: R11 700 PF: R23 920
Virtual nurse consultations	100% of the CompCare rate. Unlimited at a DSP. Paid from risk.				
General practitioner Virtual and face-to-face consultations, procedures and material costs.	100% of the CompCare rate. Unlimited virtual consultations, including acute medicines up to R470 at a DSP, per event. Unlimited face-to-face consultations - R110 co-payment per consultation which can be funded from the PMSA. Pre-authorisation required after the 6th visit PB.	100% of the CompCare rate. First paid from the PMSA, then the AFB once the PMSA is depleted.	100% of the CompCare rate. Paid from the Day-to-Day Benefit.	100% of the CompCare rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.	100% of the CompCare rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.
Outpatient emergency room consultations	100% of the CompCare rate. Paid from PMSA for non-PMBs.	100% of the CompCare rate. First paid from the PMSA, then the AFB once the PMSA is depleted.	100% of the CompCare rate. Paid from the Day-to-Day Benefit.	100% of the CompCare rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.	100% of the CompCare rate. First paid from the AFB, SPG and then the ATB once the Annual Threshold is reached.
Specialists	100% of the CompCare rate. 2 Consultations PMF up to a maximum of R2 350. R130 co-payment per consultation which can be funded from the PMSA. Referral by a GP is required, after which a specialist can refer a member to another specialist, to avoid a 35% co-payment. Subject to pre-authorisation and protocols.	100% of the CompCare rate. First paid from the PMSA, then the AFB once the PMSA is depleted. Referral by a GP is required, after which a specialist can refer a member to another specialist, to avoid a 35% co-payment. Subject to pre-authorisation and protocols.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Referral by a GP is required, after which a specialist can refer a member to another specialist, to avoid a 35% co-payment. Subject to pre-authorisation and protocols.	100% of the CompCare rate. First paid from the AFB and SPG. Thereafter a limit of R5 410 PMF applies, subject to the overall ATB limit. Referral by a GP is required, after which a specialist can refer a member to another specialist, to avoid a 35% co-payment. Subject to pre-authorisation and protocols.	150% of the CompCare rate. Paid from the AFB, SPG and then from ATB. Accumulates to the Annual Threshold at 100% of the CompCare Rate. Referral by a GP is required, after which a specialist can refer a member to another specialist, to avoid a 35% co-payment. Subject to pre-authorisation and protocols.

** The PMSA is available upfront for the year, calculated pro-rata for mid-year joiners, with unused funds carried over to the next year.*

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Chronic medicines (27 CDL conditions)	100% of RP. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	100% of RP. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	100% of RP First paid from the Day-to-Day Benefit. The Scheme will cover the costs once the Day-to-Day Benefit is depleted. DSP pharmacies apply. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine and use of non-DSP pharmacy.	100% of RP. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. DSP pharmacies apply to **UltraCare**, a 25% co-payment applies for the use of a non-DSP. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	100% of RP. First paid from the AFB. The Scheme will cover the costs once the AFB is depleted. DSP pharmacies apply to ExecuCare a 25% co-payment applies for the use of a non-DSP. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.
Medicine for non-CDL conditions	R170 PB per month for depression medicine **(See page 33).** First paid from the PMSA. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	R170 PB per month for depression medicine **(See page 33).** First paid from the available PMSA, thereafter from the AFB. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine.	14 non-CDL conditions **(See page 33).** 100% of RP. Paid from the Day-to-Day Benefit. DSP pharmacies apply. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP.	39 non-CDL conditions **(See page 33).** 100% of RP. First paid from available AFB and SPG. Thereafter a limit of R3 740 PMF applies, subject to the overall ATB limit. DSP pharmacies apply to UltraCare. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP.	48 non-CDL conditions **(See page 33).** 100% of RP. First paid from available AFB and SPG. Unlimited. DSP pharmacies apply to ExecuCare. Subject to formularies, protocols and pre-authorisation. 25% co-payment for non-formulary medicine, and use of a non-DSP.
Acute medicines	Paid from the PMSA. 25% co-payment on medicines where no generic is available. RP applies.	First paid from the PMSA, thereafter from the AFB. **AFB:** Limited to R2 080 PMF, subject to available AFB. 25% co-payment on medicines where no generic is available. RP applies.	Paid from the Day-to-Day Benefit. 25% co-payment on medicines where no generic is available. RP applies.	First paid from the AFB and SPG. Thereafter a limit of R3 630 PMF applies, subject to the overall ATB. 25% co-payment on medicines where no generic is available. RP applies.	Subject to the AFB, SPG and ATB. 25% co-payment on medicines where no generic is available. RP applies.
Over the counter medication and homeopathic medicines	Paid from the PMSA, including specified sports supplements, provided there is a valid NAPPI code. RP applies.	Paid from the PMSA, including specified sports supplements, provided there is a valid NAPPI code. RP applies. **AFB:** No benefit.	Paid from the Day-to-Day Benefit. Limited to R320 per event. RP applies.	Paid from the AFB. Limited to a maximum of R1 090 PB and R1 560 PMF and one prescription per day up to a maximum of R250 per event. RP applies. **ATB:** No benefit.	Paid from the AFB. Limited to a maximum of R1 300 PB and R1 870 PMF and one prescription per day up to a maximum of R330 per event. RP applies. **ATB:** No benefit.
Basic radiology Black and white X-rays and ultrasound	100% of the CompCare rate. Tests are limited to the Universal Care Approved List of Radiology codes. Referral by a GP/specialist is required, to avoid a 35% co-payment.	100% of the CompCare rate. First paid from the PMSA, thereafter from the AFB. **AFB:** Limited to R2 080 PMF, subject to available AFB. Referral by a GP/specialist is required, to avoid a 35% co-payment.	100% of the CompCare rate. Paid from the Day-to-Day Extender Benefit. Combined benefit with pathology, basic dentistry, biokinetics and physiotherapy to the amount of: PB: R6 970 PB to a maximum of R10 880 PMF. Referral by a GP/specialist is required, to avoid a 35% co-payment.	100% of the CompCare rate. Paid from the AFB and SPG. Thereafter from a combined radiology and pathology limit within the **ATB** to a limit of R4 340 PMF. Referral by a GP/specialist is required, to avoid a 35% co-payment.	100% of the CompCare rate. Paid from the AFB and SPG, thereafter from the **ATB**. Referral by a GP/specialist is required, to avoid a 35% co-payment.
All specialised radiology Including MRI and CT scans	100% of the CompCare rate. Pre-authorisation and a medical motivation are required for MRI, CT and high-resolution CT scans. Limited to R23 920 PMF unless otherwise pre-authorised. R3 950 co-payment applies for each scan, except PMBs, per beneficiary. Co-payment may be paid from PMSA. Combined limit in-and-out of hospital.	100% of the CompCare rate. Pre-authorisation and a medical motivation are required for MRI, CT and high-resolution CT scans. Limited to R31 200 PMF unless otherwise pre-authorised. R3 950 co-payment applies for each scan, except PMBs, per beneficiary. Co-payment may be paid from PMSA. Combined limit in-and-out of hospital.	100% of the CompCare rate. Pre-authorisation and a medical motivation are required for MRI, CT and High-resolution CT scans. Limited to R31 200 PMF unless otherwise pre-authorised. R3 950 co-payment PB applies for each scan, except PMBs. Combined limit in-and-out of hospital.	100% of the CompCare rate. Unlimited Pre-authorisation and medical motivation are required for MRI, CT and high-resolution CT scans, except PMBs. R3 950 co-payment PB applies for each scan, except PMBs.	100% of the CompCare rate. Unlimited Pre-authorisation and medical motivation are required for MRI, CT and high-resolution CT scans, except PMBs. R3 950 co-payment PB applies for each scan, except PMBs.

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Ultrasound scans for pregnancies	100% of the CompCare rate. Two 2D scans per pregnancy.				
Pathology	100% of the CompCare rate. Limited to the Universal Care Approved List of Pathology Codes. Referral by a GP/specialist is required, to avoid a 35% co-payment. Protocols apply.	100% of the CompCare rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 080 PMF, subject to available AFB. Referral by a GP/specialist is required, to avoid a 35% co-payment.	100% of the CompCare rate. An overall annual limit of R43 370 PMF apply, for in- and-out of hospital services, subject to the Day-to-Day Extender Benefit of R6 970 PB to a maximum of R10 880 PMF. (The Day-to-Day Extender benefit is a combined benefit with radiology, basic dentistry, biokinetics and physiotherapy.) Referral by a GP/specialist is required, to avoid a 35% co-payment. Protocols apply.	100% of the CompCare rate. Paid from the AFB and SPG. Thereafter from a combined radiology and pathology limit within the ATB to a limit of R4 340 PMF. Referral by a GP/specialist is required, to avoid a 35% co-payment. Protocols apply.	100% of the CompCare rate. Paid from the AFB and SPG, thereafter from the from the ATB. Referral by a GP/specialist is required, to avoid a 35% co-payment. Protocols apply.
Conservative dentistry Including consultations, preventative care, fillings, extractions including wisdom teeth, root canal treatment and infection control	100% of the CompCare rate. Paid from the PMSA. One consultation PB paid from risk. Protocols apply.	100% of the CompCare rate. First paid from the available PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 080 PMF subject to available AFB.	100% of the CompCare rate. Paid from the Day-to-Day Extender Benefit. Combined benefit with radiology, biokinetics and physiotherapy to the amount of R6 970 PB to a maximum of R10 880 PMF. Protocols apply.	100% of the CompCare rate. Paid from the AFB. Limit to R4 890 PB and subject to available AFB. **ATB:** No benefits. Protocols apply.	100% of the CompCare rate. Paid from the AFB. Limited to R6 970 PB and subject to available AFB. **ATB:** No benefits. Protocols apply.
Specialised dentistry Including maxillofacial and oral surgery- in-and-out of hospital combined benefit. (A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment for patients older than 18 is excluded.)	100% of the CompCare rate. Paid from the PMSA. Protocols apply.	100% of the CompCare rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. **AFB:** Limited to R2 080 PMF subject to available AFB.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Protocols apply.	100% of the CompCare rate. Paid from the AFB, subject to a sub-limit of R16 020 PB and R21 630 PMF. Subject to protocols. **ATB:** No benefits.	100% of the CompCare rate. Paid from the AFB, subject to a sub-limit of R18 720 PB and R24 960 PMF. Subject to protocols. **ATB:** No benefits.
Optometry visits	100% of the SAOA tariff. One eye test PB every 12 months, from the date of the last eye test, paid from risk. Protocols apply.	100% of the SAOA tariff. One eye test PB every 12 months, from the date of the last eye test, paid from the PMSA. **AFB:** No benefit. Protocols apply.	100% of the SAOA tariff. One eye test PB every 24 months, from the date of the last eye test, included in the R6 760 PMF optometry benefit amount. Protocols apply.	100% of the SAOA tariff. Paid from the AFB. Two eye tests PB per annum. **ATB:** No benefits.	100% of the SAOA tariff. Paid from the AFB. Two eye tests PB per annum. **ATB:** No benefits.
Lenses and contact lenses	100% of the SAOA tariff. Paid from the PMSA. Protocols apply.	100% of the SAOA tariff. Paid from the PMSA. **AFB:** No benefit. Protocols apply.	100% of the SAOA tariff. Sub-limit of R1 190 for lenses or contact lenses PB, included in the R6 760 PMF optometry benefit amount, every 24 months. Protocols apply.	100% of the SAOA tariff. Paid from the AFB, subject to a sub-limit of R4 990 PB. Protocols apply. **ATB:** No benefits.	100% of the SAOA tariff. Paid from the AFB, subject to a sub-limit of R6 140 PB. Subject to protocols. **ATB:** No benefits.
Frames	100% of the SAOA tariff. Paid from the PMSA. Protocols apply.	100% of the SAOA tariff. Paid from the PMSA. **AFB:** No benefit. Protocols apply.	100% of the SAOA tariff. Available benefit of R680 PB, included in the R6 760 PMF optometry benefit amount, every 24 months. Protocols apply.	100% of the SAOA tariff. Paid from the AFB, subject to a sub-limit of R2 160 per frame. One frame PB every 12 months (from date of service), included in the benefit limit for lenses. Protocols apply.	100% of the SAOA tariff. Paid from the AFB, subject to a sub-limit of R3 120 per frame. One frame PB every 12 months (from date of service), included in the benefit limit for lenses. Protocols apply.

Day-to-day benefits: In detail (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dieticians, chiropractors (X-rays excluded), audiologists, physiotherapists and biokineticists.	100% of the CompCare rate. Limited to R3 120 PMF subject to available PMSA for non-PMBs. Combined in-and-out of hospital limit. Protocols apply.	100% of the CompCare rate. Paid from the PMSA. **AFB:** Limited to R2 080 PMF subject to available AFB. Combined in-and-out of hospital limit, subject to AFB limit. Protocols apply.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Biokinetics and physiotherapy are paid from the Day-to-Day Extender Benefit, limited to a collective sub-limit of R5 200 PMF, in-and-out of hospital. Protocols apply.	100% of the CompCare rate. Paid from the AFB. Subject to a combined sub-limit of R9 150 PMF, in-and-out of hospital. Protocols apply.	100% of the CompCare rate. Paid from AFB. Subject to a combined sub-limit of R13 000 PMF, in-and-out of hospital. **ATB:** No benefit. Protocols apply.
Clinical psychologists and psychiatry (GP referral required)`	100% of the CompCare rate. Subject to PMSA for non-PMBs. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme. Subject to pre-authorisation and protocols.	100% of the CompCare rate. Non-PMBs treatments are paid from the PMSA. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme. Subject to pre-authorisation and protocols.	100% of the CompCare rate. Limited to the Day-to-Day Benefit. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the Day-to-Day Benefit, thereafter it is covered by the Scheme. Subject to pre-authorisation and protocols.	100% of the CompCare rate. **Clinical psychologists** Paid from the AFB, subject to a sub-limit of R3 220 PMF. **Psychiatry** Paid from the AFB, subject to a sub-limit of R13 570 PMF. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme. Subject to pre-authorisation and protocols.	100% of the CompCare rate. **Clinical psychologists** Paid from the AFB, subject to a sub-limit of R6 510 PMF. **Psychiatry** Paid from the AFB, subject to a sub-limit of R23 880 PMF. **PMB benefit:** Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme. Subject to pre-authorisation and protocols.
Surgical and medical appliances E.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation is required.	100% of the CompCare rate. Subject to PMSA for non-PMBs. Subject to protocols, clinical guidelines and pre-authorisation..	100% of the CompCare rate. First paid from PMSA, thereafter from the AFB. Sub-limits apply. **AFB:** Limited to R2 080 PMF and subject to available AFB. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Sub-limits apply. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the AFB. Sub-limits apply. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the AFB. Sub-limits apply. Subject to protocols, clinical guidelines and pre-authorisation.
Psychosocial counselling benefit	Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to one-on-one sessions with qualified psychologists, social workers or registered counsellors to a maximum of 3 referral sessions PB per annum.				
Oxygen home ventilation	100% of the CompCare rate. Subject to PMSA for non-PMBs. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Subject to PMSA and AFB. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the AFB. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the AFB. Subject to protocols, clinical guidelines and pre-authorisation.
Home nursing visits Nursing services by registered nurses or nursing assistants for the acute phase after hospitalisation or in lieu of hospitalisation (not for custodial or chronic care)	100% of the CompCare rate. Subject to PMSA for non-PMBs. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. First paid from the PMSA, thereafter from the AFB. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Paid from the Day-to-Day Benefit. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Limited to 40 days PMF, unless otherwise authorised. Paid from the AFB. Subject to protocols, clinical guidelines and pre-authorisation.	100% of the CompCare rate. Limited to 60 days PMF, unless otherwise authorised. Paid from the AFB. Subject to protocols, clinical guidelines and pre-authorisation.

Hospitalisation
and major benefits

Extensive hospital and major benefit cover ensure financial protection in case of medical emergencies, covering hospital stays, surgeries and other life-saving medical procedures.

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Hospitalisation (Including medical emergencies requiring hospital admission).	100% of the CompCare rate. **SelfCare Plus:** Netcare or Mediclinic hospitals. Subject to pre-authorisation, clinical guidelines, case management, and managed care protocols.	100% of the CompCare rate. **SaverCare Plus:** Any private hospital. Subject to pre-authorisation, clinical guidelines, case management, and managed care protocols.	100% of the CompCare rate. Netcare or Mediclinic hospitals. Subject to pre-authorisation, clinical guidelines, case management, and managed care protocols.	100% of the CompCare rate. **UltraCare Plus:** Any private hospital. **UltraCare:** Netcare hospitals. Subject to pre-authorisation, clinical guidelines , case management,and managed care protocols.	100% of the CompCare rate. **ExecuCare Plus:** Any private hospital. **ExecuCare:** Netcare hospitals. Subject to pre-authorisation, clinical guidelines, case management, and managed care protocols.
GPs and specialist treatment while in hospital.	100% of the CompCare rate. Unlimited. Subject to pre-authorisation, clinical guidelines and managed care protocols.				Unlimited. Specialists paid at 150% of the CompCare rate (excluding dental treatment) and GPs paid at 100% of the CompCare rate. Subject to pre-authorisation, clinical guidelines and managed care protocols.
Medication - only while in hospital	Unlimited.				
Medication on discharge from hospital (TTO)	Limited to 7 days per discharge. Subject to the RP and formularies.				
Surgical prostheses	Subject to pre-authorisation, clinical guidelines and protocols. Limited to an overall benefit amount of R33 280 PMF. Sub-limits per category apply (see page 39).	Subject to pre-authorisation, clinical guidelines and protocols. Limited to an overall benefit amount of R38 220 PMF. Sub-limits per category apply (see page 39).	Subject to pre-authorisation, clinical guidelines and protocols. Limited to an overall benefit amount of R43 680 PMF. Sub-limits per category apply (see page 39).	Subject to pre-authorisation, clinical guidelines and protocols. Limited to an overall benefit amount of R48 880 PMF. Sub-limits per category apply (see page 39).	Subject to pre-authorisation, clinical guidelines and protocols. Limited to an overall benefit amount of R62 400 PMF. Sub-limits per category apply (see page 39).
Auxiliary services such as physiotherapy, a dietician, etc.	100% of the CompCare rate. Limited to a collective sub-limit of R3 120 PMF, in-and-out of hospital. Subject to the PMSA for non-PMBs. Subject to pre-authorisation, clinical guidelines and managed care protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	100% of the CompCare rate. Limited to a collective sub-limit of R3 640 PMF, in-and-out of hospital. Subject to pre-authorisation, clinical guidelines and managed care protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	100% of the CompCare rate. Limited to a combined sub-limit of R5 200 PMF, in-and-out of hospital. Subject to pre-authorisation, clinical guidelines and managed care protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	100% of the CompCare rate. Limited to a combined sub-limit of R9 150 PMF, in-and-out of hospital. Subject to pre-authorisation, clinical guidelines and managed care protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	100% of the CompCare rate. Limited to a combined sub-limit of R13 000 PMF, in-and-out of hospital. Subject to pre-authorisation, clinical guidelines and managed care protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.
Psychiatric treatment in hospital	100% of the CompCare rate. Subject to pre-authorisation, clinical guidelines, protocols and PMBs. Up to a maximum of 21 days' admission OR 15 consultations which will first be paid from the AFB (where applicable), thereafter it is covered by the Scheme.				

Hospitalisation and major benefits (continued)

For any hospital stay, it is important to obtain pre-authorisation to avoid unnecessary out-of-pocket expenses. All hospital visits and related treatments are subject to case management, specialist programmes and Scheme protocols. These measures are put in place to ensure that members obtain quality, appropriate care at negotiated tariffs.

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Psychology (non-psychiatric admissions)	Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.	Limited to R2 280 PMF. Subject to pre-authorisation, clinical guidelines and protocols.	Limited to R3 260 PMF. Subject to pre-authorisation, clinical guidelines and protocols.	Limited to R4 650 PMF. Subject to pre-authorisation, clinical guidelines and protocols.	Limited to R5 970 PMF. Subject to pre-authorisation, clinical guidelines and protocols.
Alcoholism, drug dependence and narcotics	Unlimited for PMBs. Subject to pre-authorisation, clinical guidelines and protocols.				
All specialised radiology Including MRI and CT scans	100% of the CompCare rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R23 920 PMF unless otherwise pre-authorised. R3 950 co-payment PB payable from the PMSA. This applies for each scan, except PMBs. Co-payment may be paid from the PMSA. Combined limit in-and-out of hospital. Protocols apply.	100% of the CompCare rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R31 200 PMF unless otherwise pre-authorised. R3 950 co-payment PB payable from the PMSA. This applies for each scan, except PMBs. Co-payment may be paid from the PMSA. Combined limit in-and-out of hospital. Protocols apply.	100% of the CompCare rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R31 200 PMF unless otherwise pre-authorised. R3 950 co-payment PB for each scan. This applies for each scan, except PMBs. Combined limit in-and-out of hospital. Protocols apply.	100% of the CompCare rate. Unlimited. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. R3 950 co-payment PB for each scan. This applies for each scan, except PMBs. Protocols apply.	100% of the CompCare rate. Unlimited. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. R3 950 co-payment PB for each scan. This applies for each scan, except PMBs. Protocols apply.
Basic radiology	100% of the CompCare rate. Unlimited. Subject to protocols.				
Pathology	100% of the CompCare rate. Unlimited. Subject to protocols.		100% of the CompCare rate. **Overall limit:** Combined in- and-out of hospital limit of R43 370 PMF. Subject to protocols.	100% of the CompCare rate. Unlimited. Subject to protocols.	
Organ transplants, plasmapheresis and renal dialysis	100% of cost. Unlimited for PMBs. Subject to pre-authorisation, clinical guidelines and protocols. A DSP may apply.				
Confinements In hospital or home births	100% of the CompCare rate. Subject to pre-authorisation, clinical guidelines and protocols.				

Hospitalisation and major benefits (continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Professional sports injuries	100% of the CompCare rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.				
Oncology including chemotherapy and radiotherapy	100% of cost. Unlimited for PMBs at our oncology DSP. Subject to pre-authorisation, clinical guidelines and protocols. Oncology formulary applies. (Non-DSP will be covered at 100% of the CompCare rate.)	100% of the CompCare rate. Unlimited at our oncology DSP. Subject to pre-authorisation, clinical guidelines and protocols. Oncology formulary applies.			
Prophylactic mastectomy and hysterectomy	100% of the CompCare rate. Subject to pre-authorisation, clinical guidelines and protocols.				
Specialised medication	100% of cost. Unlimited for PMBs. Subject to pre-authorisation, clinical guidelines and PMB protocols.	100% of the cost. Unlimited for PMBs. Subject to pre-authorisation, clinical guidelines and PMB protocols.	Unlimited for PMBs. **Non-PMBs:** R192 400 PMF. 25% co-payment on non-PMB medicines. Subject to pre-authorisation, clinical guidelines and protocols.	Unlimited for PMBs. **Non-PMBs:** R271 440 PMF. 25% co-payment on non-PMB medicines. Subject to pre-authorisation, clinical guidelines and protocols.	Unlimited for PMBs. **Non-PMBs:** R374 400 PMF. Subject to pre-authorisation, clinical guidelines and protocols.
Alternatives to hospitalisation					
Step-down nursing facilities, hospice, rehabilitation and home-based care in lieu of hospitalisation	100% of the CompCare rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.				
Surgical procedures out-of-hospital	100% of the CompCare rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.				
Refractive eye surgery	100% of the CompCare rate. Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the CompCare rate. Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.	100% of the CompCare rate. Subject to the available optometry benefit amount of R6 760 PMF. Subject to pre-authorisation, clinical guidelines and protocols.	Annual limit of R8 680 per eye. Subject to pre-authorisation, clinical guidelines and protocols. Limit includes all services rendered: Hospitalisation and all related costs.	Annual limit of R9 770 per eye. Subject to pre-authorisation, clinical guidelines and protocols. Limit includes all services rendered: Hospitalisation and all related costs.
Wound care in lieu of hospitalisation	100% of the CompCare rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.				

Important to remember:

Always use a network hospital (where applicable) to avoid co-payments. In an emergency, go to the closest appropriate network hospital. If none are nearby, you may go to the nearest appropriate facility. For any procedures requiring a specialist, it's crucial to ensure that the specialist operates or attends to you at a network hospital.

A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, with a minimum of R8 220.

Maximise your benefits

Speciality Healthcare Bundles

Being on autopilot doesn't mean switching off — it means staying in motion through every life stage. From student life to your first job, late-night hustles to weekend resets, solo moves to starting a family — your health and wellness can keep up, effortlessly. That's why these bundles are designed for real life — giving you the right care, at the right time, no matter where you are in your journey.

Maternity

Cherish every moment with care that supports you and your baby from bump to beyond.

- Antenatal classes and visits.
- Maternity bag.
- Confinements including 2D ultrasound scans.
- Breast pump per pregnancy on options with a PMSA.
- One additional nutritional and fitness assessment per pregnancy.
- Unlimited virtual nurse consults.
- Unlimited telephonic psychosocial counselling.
- Cover for hospitalisation and home births.
- Get trusted, WHO-endorsed maternity advice 24/7 from SARAH — your AI health assistant.

Child wellness

Nurturing little lives with protection, guidance, and support through every milestone and magical moment.

- New-born hearing screening benefit.
- New-born congenital hypothyroidism test.
- Baby wellness visits.
- Childhood immunisations.
- School readiness assessments.
- Pre-school eye, hearing, and dental screening.
- One additional emergency room visit for children younger than 6 years.
- Three additional paediatric consultations.
- Unlimited GP consultations and basic dentistry for children younger than 6 years.
- Initial occupational therapy consultation.
- Kids' fitness assessment and exercise prescription programme.
- Kids' nutritional assessment and healthy eating programme.
- Hearing aids for children under 12.
- From teething tips to school health checks, SARAH offers WHO-backed guidance anytime.

Flu prevention

Protect the people you love from flu's grip with proactive care and all-season defence.

- Flu and pneumococcal vaccines.
- Cover for a humidifier/nebuliser.
- Unlimited virtual nurse consults.
- Ask SARAH how to protect your family before flu season — with science you can trust.

Cancer prevention

Take control with screenings and support that empower you to face life with confidence.

- HPV (Cervical Cancer) vaccine.
- Papsmear screening.
- Mammogram.
- Prostate-specific antigen (PSA) blood test.
- Colorectal cancer screening.
- Unlimited virtual nurse consults for any questions.
- Unlimited telephonic psychosocial counselling.
- We'll waive the co-payment for an elective hysterectomy if there's a family history — across three generations — of breast, uterine, or ovarian cancer.
- SARAH answers your cancer screening questions with WHO-approved information.

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA, day-to-day benefits and Care Maximiser.

Speciality healthcare bundles (Continued)

Heart health

Give your heart the care it deserves with personalised plans and expert, ongoing guidance.

- An annual health check that includes a blood pressure and a cholesterol test.
- Fitness & exercise – Stay active with an annual assessment, custom plan, and expert support to keep your heart strong.
- Nutrition – Eat smart with a tailored plan, guided by annual assessments and check-ins for a healthy heart.
- Unlimited virtual nurse consults for any questions.
- SARAH helps you understand your results and make heart-smart choices, backed by WHO expertise.

Mental health

Compassionate care, counselling, and support to help you feel stronger, lighter, and more in control.

- Psychiatric and psychological treatment in and out of hospital.
- Alcoholism, drug dependence and narcotics.
- R170 depression medication benefit on most benefit options.
- Psychosocial counselling with unlimited telephonic counselling including 3 face-to-face sessions.

Healthy weight

Feel energised and confident with a plan built around your body, your goals, your life.

- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring.
- **Nutritional assessment and healthy eating plan:** Access to the Universal Network of dieticians for annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring.
- Unlimited virtual nurse consults for any questions.
- An annual health check that includes a Body Mass Index (BMI) measurement.
- SARAH provides WHO-backed nutrition and exercise insights to help you reach your goals.

Travel health

Explore the world with peace of mind, knowing your health is protected every step.

- Preventative malaria medication.
- Travel vaccinations such as Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal disease.
- International Travel cover for emergency medical costs (via Universal Rewards®).
- Plan trips safely with SARAH's WHO-approved travel health and vaccine advice.

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA and Care Maximiser.

Care Maximiser

Unlock additional benefits with our Care Maximiser. Designed to help you stretch your benefits further, the Care Maximiser ensures that you get more value from CompCare - because your health deserves more.

Unlocking your Care Maximiser is easy.

To activate your Care Maximiser benefit, all you need to do is go for your essential health tests.

All adult beneficiaries on your medical aid plan need to go for the following health tests at any of our DSP pharmacies:

- Blood pressure measurement
- Blood sugar test
- Cholesterol test
- BMI and waist circumference

Options with a PMSA

The Care Maximiser will become available once the PMSA is depleted.

SelfCare+ | SaverCare+

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Two virtual consultations, including acute medicine, at R470 per event - Universal Network applies.	✗	✓	✓	✓	✓
GP wellness consultation: One visit PB per annum - excluding procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1.	✓	✓	✓	✓	✓
Unlimited GP visits for children <6 years old.	✗	✓	✓	✓	✓
Unlimited basic dentistry for children <6 years old.	✗	✓	✓	✓	✓
Emergency room visit for children <6 years old.	To a maximum of R1 610 per event, unless a PMB				
Contraceptives up to the age of 55 years (Oral/IUD device).	13 scripts to a maximum of R3 680, OR an IUD to a maximum of R3 680. This benefit will first be paid from the PMSA and the balance will be paid from the Care Maximiser.		13 scripts to a maximum of R3 680, OR an IUD to a maximum of R3 680.		
Covid benefit • Pulse Oximeter: R880 per family • Nebulizer: R570 per family • Thermal Thermometer: R470 per family	To the maximum value of R1 920.				
Home test bundle	Overall limit of R110	Overall limit of R360			
• One Covid test	✓	✓	✓	✓	✓
• One urinary tract test	✓	✓	✓	✓	✓
• One ovulation test	✗	✓	✓	✓	✓
• One pregnancy test	✗	✓	✓	✓	✓
Antenatal visits with a GP, specialist or midwife.	100% of the CompCare rate. 8 antenatal visits. First paid from the PMSA.	100% of the CompCare rate. 12 antenatal visits. First paid from the PMSA.	100% of the CompCare rate. 12 antenatal visits.		

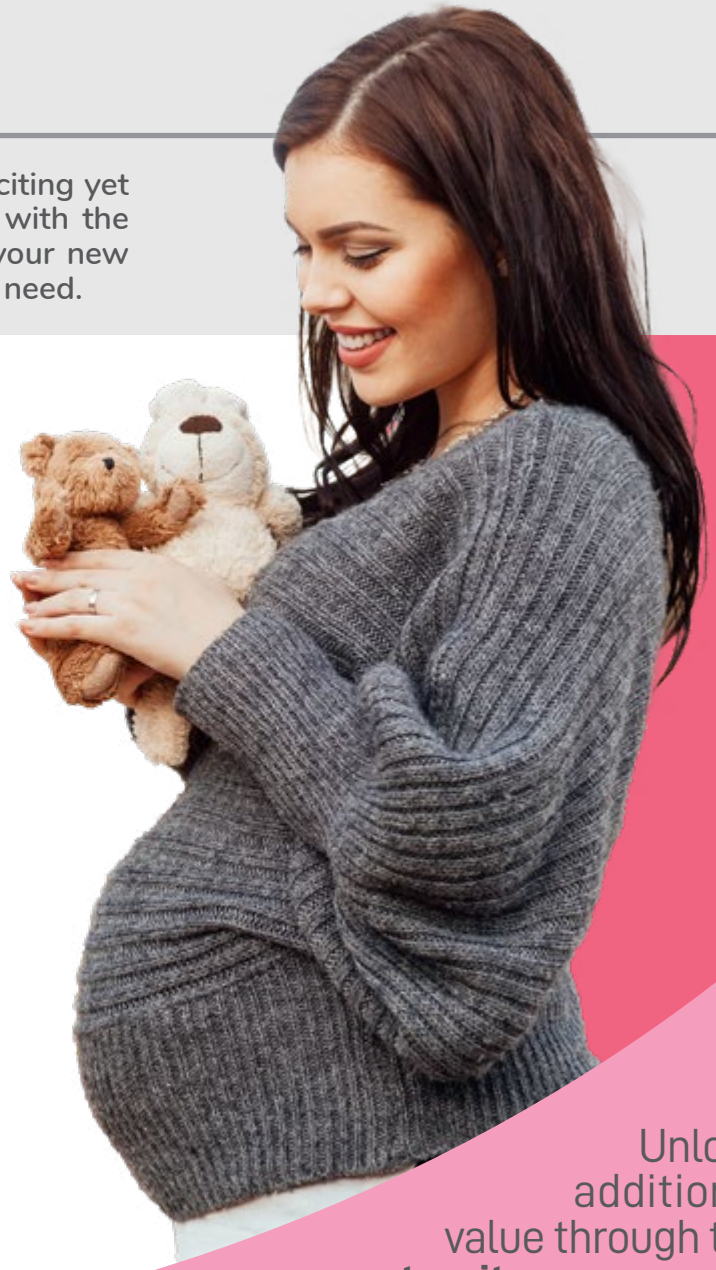
Preventative care and wellness benefits

Enjoy the comprehensive preventative care and wellness benefits to proactively manage your health. From routine screenings and vaccinations to personalised nutrition plans and fitness support, we help you to stay healthy and prevent illness without having to use your day-to-day benefits.

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Total value in addition to your day-to-day benefits	R12 500	R15 600	R15 600	R15 600	R15 600	R15 600	R15 600
Essential health test Blood pressure, blood sugar, cholesterol, BMI and waist circumference: • One measurement per beneficiary over the age of 18 years, limited to R300 per event. Only at DSP pharmacy.	✓	✓	✓	✓	✓	✓	✓
Rapid HIV tests As required.	✓	✓	✓	✓	✓	✓	✓
Prophylaxis for malaria Preventative medicine as required.	✓	✓	✓	✓	✓	✓	✓
Flu vaccine One per beneficiary per annum.	✓	✓	✓	✓	✓	✓	✓
Tetanus vaccine One injection when required.	✓	✓	✓	✓	✓	✓	✓
PSA (Prostate Specific Antigen) One test per male beneficiary over the age 40.	✗	✓	✓	✓	✓	✓	✓
Colorectal cancer screening One test every 24 months (from date of service) for beneficiaries between the ages of 45 and 75.	✗	✓	✓	✓	✓	✓	✓
Glaucoma test One per beneficiary per annum.	✗	✓	✓	✓	✓	✓	✓
Lipogram One fasting lipogram per beneficiary over the age of 20 years. Once every five years.	✓	✓	✓	✓	✓	✓	✓
Pap smear One test per female beneficiary over the age of 18 per annum.	✓	✓	✓	✓	✓	✓	✓
Mammogram One test per female beneficiary over the age of 35 every second year.	✓	✓	✓	✓	✓	✓	✓
HPV (cervical cancer) vaccine One course per female beneficiary between 9 and 18 years of age per lifetime.	✗	✓	✓	✓	✓	✓	✓
Adult and chidhood pneumococcal vaccine Per beneficiary as required, subject to pre-authorisation and protocols.	✓	✓	✓	✓	✓	✓	✓
Fitness assessment and exercise prescription • Access to Universal's Network of biokineticists for annual fitness assessments, virtual consultations, exercise prescription and regular monitoring. • One additional assessment per pregnant member per pregnancy. Strict protocols apply.	✓	✓	✓	✓	✓	✓	✓
Nutritional assessment and healthy eating plan • Access to Universal's Network of dieticians for annual assessment, virtual consultations, healthy eating plan prescription and regular monitoring. • One additional assessment per pregnant member per pregnancy. Strict protocols apply.	✓	✓	✓	✓	✓	✓	✓
Travel vaccinations such as Yellow Fever, Hepititis A, Rabies and Meningococcal disease per beneficiary as required.	✓	✓	✓	✓	✓	✓	✓

Maternity benefits
for a growing family

At CompCare, we know that bringing a new life into the world is an exciting yet challenging time. Our maternity benefits are designed to provide you with the best possible care, from the early stages of pregnancy to welcoming your new baby, ensuring that you and your baby receive the care and support you need.



During your pregnancy

- Receive up to **12 antenatal visits** with a GP, midwife, or gynecologist through your Care Maximiser benefits.
- Choose **two 2D scans or opt for 3D scans** at a 2D scan rate.
- Enjoy **8 to 12 antenatal classes and a lactation consultation** with a midwife, between **R1 560** and **R1 870** per pregnancy depending on your option.
- Get your **flu vaccination** during your pregnancy.
- Get your **maternity bag** when registered on the maternity programme.
- One additional **nutritional and fitness assessment** per pregnancy.

Childbirth benefits for a healthy start

- Visit any Netcare or Mediclinic hospital (as specified by your chosen benefit option), except for SaverCare Plus, UltraCare Plus and ExecuCare Plus.
- Get pre-authorisation for your hospital stay when you book your bed.
- Unlimited ambulance services are provided by Netcare 911 in case of emergencies.
- No overall annual limit applies.
- We cover both natural births and caesarean sections, as well as home deliveries.
- You will get cover for medicines to take home, once discharged, for seven days.
- Register your baby at CompCare within 30 days from birth to enjoy immediate cover.

Important to remember:
Some of these benefits differ per option and may be subject to the available PMSA and Care Maximiser.

Unlock additional value through the **maternity programme.**

Looking after our little ones

with tailored child benefits

At CompCare, we prioritise the well-being of your little ones with our exclusive range of specialised health benefits. You also get fitness support for teens. These are covered by the Scheme, ensuring your day-to-day benefits remain untouched.

Important to remember:
Some of these benefits differ per option.

Newborn screenings
Hearing screening and congenital hypothyroidism test.

Paediatric consultations
Three visits to track development and milestones.

Baby wellness visits
Two visits per year for children aged four weeks to 18 months at a DSP.

Childhood immunisations
According to Department of Health guidelines, children up to age 12.

Kids' active benefit
Fitness assessment and exercise plan for children aged 8-12 with a Universal Network biokineticist.

Kids' nutritional benefit
Access to a Universal Network dietician for assessments and a healthy eating plan for children aged 8-15.

School readiness assessments
Psychometric testing (ages 14-18), preschool eye and hearing screenings (ages 5-6), and dental screenings (ages 5-7).

SporTeen
Annual fitness assessment, virtual consultations, and exercise plan for children aged 13-17 with a Universal Network biokineticist.

Standard Immunisation List

Age	Vaccine(s)
At birth	• BCG (Tuberculosis vaccine) • Oral Polio Vaccine (OPV)
6 Weeks	• Oral Polio Vaccine (OPV) • Rotavirus Vaccine • Pneumococcal Conjugate Vaccine (PCV) • DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 1st dose)
10 Weeks	• DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 2nd dose)
14 Weeks	• Rotavirus Vaccine • Pneumococcal Conjugate Vaccine (PCV) • DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 3rd dose)
6 Months	• Measles Vaccine (1st dose)
9 Months	• Pneumococcal Conjugate Vaccine (PCV) • Varicella (Chickenpox) Vaccine
12 Months	• Measles Vaccine (2nd dose)
18 Months	• DTaP-IPV-Hib-Hep B (Diphtheria, Tetanus, Pertussis, Polio, Hib, Hep B - 4th dose)
6 Years	• Tetanus and Diphtheria (Td) Vaccine
9 Years	• Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine
12 Years	• TD Vaccine/TDAP

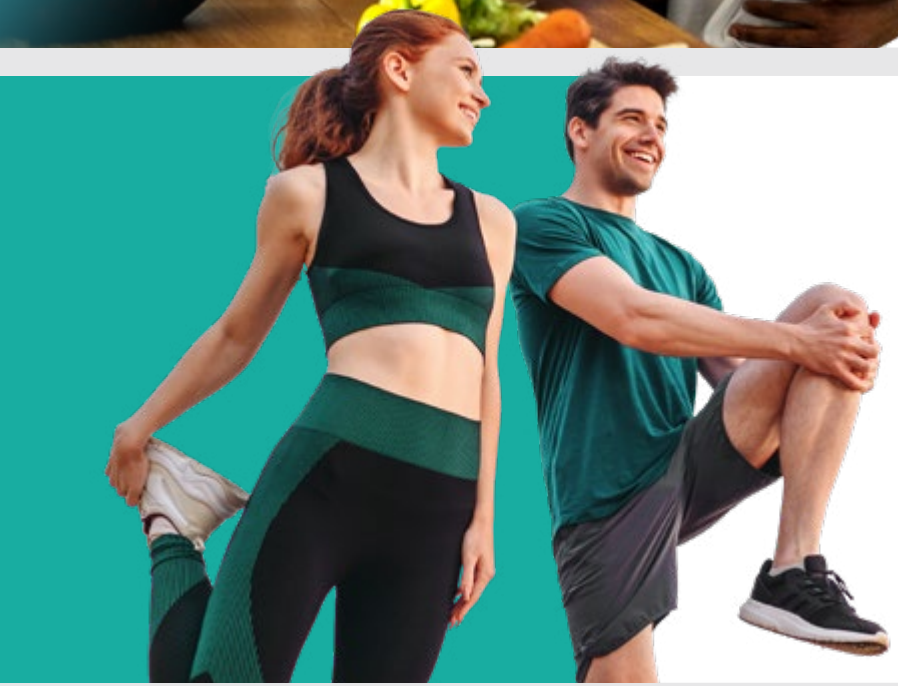
Healthy lifestyle benefits

Optimise your wellness with CompCare's nutrition and exercise prescription benefits.

Find your perfect nutrition balance

Through the Universal Dietician Network, CompCare offers three nutritional wellness benefits to support you and your family's health and well-being:

- **Nutritional assessment and healthy eating plan prescription**
  Get a personalised nutrition plan, including an annual assessment, weekly or monthly follow-ups, and progress monitoring with a Universal Network dietician.
- **Kids' nutritional benefit**
  For children aged 8-15, this benefit includes an initial assessment, eating plan, and up to five follow-up consultations.
- **Pregnancy nutritional benefit**
  Receive advice and a personalised eating plan to support both you and your unborn baby with the best nutrition guidelines during pregnancy.



Exercise is medicine!

CompCare members have access to four exceptional fitness and exercise prescription benefits designed to help you stay active and healthy, through the Universal Biokineticist Network:

- **Fitness assessment and exercise prescription**
  To support you in achieving your goals, you receive a fitness assessment, personalised exercise plan and monthly follow-ups with your Universal Network biokineticist.
- **Exercise from home benefit**
  Whether running, hiking, cycling, or engaging in other activities, get an individualised exercise programme with five optional follow-up consultations.
- **Kids' active benefit**
  For children aged 8-17, this benefit offers an initial assessment, personalised exercise plan and follow-up consultations at the Universal Network biokineticist's practice.
- **Pregnancy fitness benefit**
  Get your fitness plan specifically designed to support you during pregnancy, including assessments and virtual or face-to-face consultations at a Universal Network biokineticist.

Mental health

We live in an increasingly stressful environment, with mental health illness fast becoming one of the most common health conditions. You and your family can rely on us for support when you need it through comprehensive mental health and wellness benefits, including psychiatric and psychological benefits, face-to-face and telephonic counselling.

Why mental health matters

Mental health determines how we feel, think and act, influencing our social interaction, our ability to cope with daily demands and to make healthy choices.

Untreated, it profoundly impacts our overall health, contributing to chronic conditions such as heart disease, stroke and even our ability to function in society.

Causes of mental health illness

Adverse circumstances commonly contribute to the prevalence of anxiety and depression, but mental health illness can be caused by a combination of factors, including:

- Biological factors such as an imbalance in brain chemicals.
- Feeling lonely and isolated.
- Drug and alcohol abuse.
- Genetic predisposition.
- Traumatic experiences such as the loss of a loved one, an accident, injury, chronic pain or illness, or any other life-changing occurrence.

Benefits to support you

You are not alone – you can access these life-changing services:

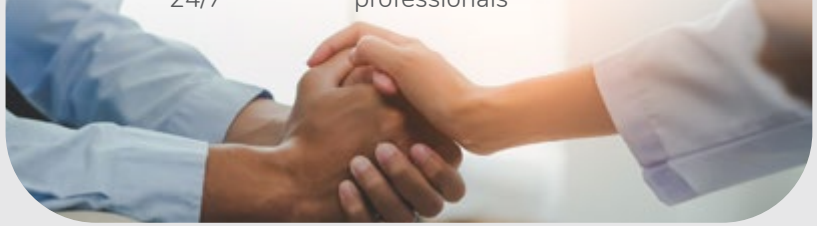
- Psychiatric and psychological treatment in and out of hospital.
- Treatment for alcoholism, drug dependence and narcotics.
- A R170 medicine benefit for depression on selected options. First paid from day-to-day benefits, then from risk.
- Psychosocial counselling:
  - Unlimited telephonic counselling paid from risk.
  - Referral for up to 3 face-to-face sessions per beneficiary per year with qualified psychologists, social workers or registered counsellors.

OPEN

Available 24/7

Provided by registered professionals

Confidential



Call toll free on **0800 390 003** or send a "Please call me" to ***134*952#**

Your CompCare cover
for medical emergencies

Ensuring you receive the care you deserve in critical moments

At CompCare, we understand that medical emergencies can happen when you least expect them. That's why we're committed to providing the support and cover you need during urgent, life-threatening situations. Whether it's a heart attack, serious accident, or life-threatening allergic reaction, we take away the financial stress so you can focus on what matters most - getting the right care, fast.

What is regarded as a medical emergency?

It is the sudden and unexpected onset of a health condition that demands immediate medical or surgical intervention. Without prompt treatment, it could lead to significant impairment of bodily functions, serious dysfunction of an organ or body part, or pose a severe risk to the person's life.

Examples of medical emergencies include:

- Heart attacks
- Strokes
- Severe burns
- Serious motor vehicle accident with life-threatening injuries
- Life-threatening allergic reactions (anaphylaxis)
- Poisoning

What does this mean for you?

The peace of mind that you are fully covered for medical emergencies. This means that if you or your loved ones experience a medical emergency, your treatment and care will be prioritised - no matter what your benefit option is.

CompCare covers the following:

- Emergency room
- Hospital account
- Radiology
- Pathology
- Specialists
- Blood transfusions
- Oxygen
- Any other related costs

The facility or admin fee is not covered.

Which hospitals are covered?

Some benefit options allow access to any hospital, while others have a specific network of hospitals. If you are on a network option, you should go to the closest appropriate network hospital in an emergency. If no network hospital is nearby, you may go to the nearest available hospital. If the emergency response team asks where to take you and you're able to respond, request the nearest network hospital. If none are within close proximity, they will take you to the nearest appropriate facility. These costs will be covered until a transfer to a network hospital is possible, if required.

Authorisations

Hospitalisation pre-authorisation is required, but with our 24-hour pre-authorisation call centre, you can easily secure approval at any time, day or night.

Remember:

- Download your membership card from the Universal.one App for CompCare members, so you always have it on hand in an emergency.
- For minor injuries or other ailments, costs will be covered from your available day-to-day benefits.

Ambulance services:

Call 082 911 for Netcare 911

- They will dispatch an ambulance to you, even from another ambulance service should that be required.
- CompCare will cover any necessary emergency air lifts.

Prescribed Minimum Benefits

What are PMBs?

Prescribed Minimum Benefits (PMBs) are a limited list of healthcare services that all medical schemes in South Africa must cover by law, outlined in the Medical Schemes Act (Act No. 131 of 1998). This means that CompCare members will receive benefits for the diagnosis, treatment, and care of specific medical conditions, including medical emergencies that are life-threatening and certain long-term (chronic) illnesses.

Steps to get PMB cover

1. If you need to be hospitalised, ensure that your specialist operates in a network hospital **where applicable,** unless it's an emergency.
2. Apply for pre-authorisation of the condition.
3. Familiarise yourself with the authorised medical treatment schedule, provided by CompCare.
4. Use a preferred DSP pharmacy for chronic medication as per your chosen benefit option.

What are the listed chronic conditions?

The 27 Chronic Disease List (CDL) conditions in South Africa, which are covered under Prescribed Minimum Benefits (PMBs), include the following:

1. Addison's Disease
2. Asthma
3. Bipolar Mood Disorder
4. Bronchiectasis
5. Cardiac Failure
6. Cardiomyopathy
7. Chronic Renal Disease
8. Chronic Obstructive Pulmonary Disease (COPD)
9. Coronary Artery Disease
10. Crohn's Disease
11. Diabetes Insipidus
12. Diabetes Mellitus Type 1
13. Diabetes Mellitus Type 2
14. Dysrhythmia (Irregular Heartbeat)
15. Epilepsy
16. Glaucoma
17. Haemophilia
18. HIV/AIDS
19. Hyperlipidaemia (High Cholesterol)
20. Hypertension (High Blood Pressure)
21. Hypothyroidism
22. Multiple Sclerosis
23. Parkinson's Disease
24. Rheumatoid Arthritis
25. Schizophrenia
26. Systemic Lupus Erythematosus (SLE)
27. Ulcerative Colitis

Chronic conditions covered

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Addison's disease *	✓	✓	✓	✓	✓	✓	✓
Allergic rhinitis	✗	✗	✗	✓	✓	✓	✓
Angina	✗	✗	✓	✓	✓	✓	✓
Ankylosing spondylitis	✗	✗	✓	✓	✓	✓	✓
Anorexia nervosa	✗	✗	✗	✗	✗	✓	✓
Asthma *	✓	✓	✓	✓	✓	✓	✓
Attention deficit disorder	✗	✗	✗	✓	✓	✓	✓
Barrett's oesophagitis	✗	✗	✗	✓	✓	✓	✓
Bechet's disease	✗	✗	✗	✗	✗	✓	✓
Benign prostatic hyperplasia	✗	✗	✗	✗	✗	✓	✓
Bipolar mood disorder *	✓	✓	✓	✓	✓	✓	✓
Bronchiectasis *	✓	✓	✓	✓	✓	✓	✓
Bulimia nervosa	✗	✗	✗	✗	✗	✓	✓
Cardiac arrhythmias *	✓	✓	✓	✓	✓	✓	✓
Cardiomyopathy *	✓	✓	✓	✓	✓	✓	✓
Chronic renal failure *	✓	✓	✓	✓	✓	✓	✓
Congestive cardiac failure *	✓	✓	✓	✓	✓	✓	✓
Conn's syndrome	✗	✗	✗	✗	✗	✓	✓
Chronic obstructive pulmonary disease *	✓	✓	✓	✓	✓	✓	✓
Chronic bronchitis	✗	✗	✓	✓	✓	✓	✓
Connective tissue disorders (mixed)	✗	✗	✗	✓	✓	✓	✓
Coronary artery disease *	✓	✓	✓	✓	✓	✓	✓
Crohn's disease *	✓	✓	✓	✓	✓	✓	✓
Cushing's syndrome	✗	✗	✓	✓	✓	✓	✓
Cystic fibrosis	✗	✗	✗	✓	✓	✓	✓
Deep vein thrombosis	✗	✗	✗	✗	✗	✓	✓
Depression medication	R170 pbpm	R170 pbpm	R170 pbpm	R170 pbpm	R170 pbpm	R170 pbpm	R170 pbpm
Diabetes insipidus *	✓	✓	✓	✓	✓	✓	✓
Diabetes Mellitus type 1 *	✓	✓	✓	✓	✓	✓	✓
Diabetes Mellitus type 2 *	✓	✓	✓	✓	✓	✓	✓
Emphysema	✗	✗	✓	✓	✓	✓	✓
Epilepsy *	✓	✓	✓	✓	✓	✓	✓
Generalised anxiety disorder	✗	✗	✗	✓	✓	✓	✓
Glaucoma *	✓	✓	✓	✓	✓	✓	✓
Gastro-oesophageal reflux disease	✗	✗	✗	✓	✓	✓	✓
Gout/hyperuricemia	✗	✗	✗	✓	✓	✓	✓
Haemophilia *	✓	✓	✓	✓	✓	✓	✓
HIV/AIDS *	✓	✓	✓	✓	✓	✓	✓
Hormone replacement therapy	✗	✗	✓	✓	✓	✓	✓

* **Note:** Paid from day-to-day benefits first as indicated on page 16.

Chronic conditions covered (Continued)

	SelfCare+	SaverCare+	ExtraCare	UltraCare	UltraCare+	ExecuCare	ExecuCare+
Huntington's disease	✗	✗	✗	✓	✓	✓	✓
Hypercholesterolemia/hyperlipidaemia *	✓	✓	✓	✓	✓	✓	✓
Hypertension *	✓	✓	✓	✓	✓	✓	✓
Hypoparathyroidism	✗	✗	✓	✓	✓	✓	✓
Hypothyroidism *	✓	✓	✓	✓	✓	✓	✓
Ischaemic heart disease	✗	✗	✓	✓	✓	✓	✓
Migraine	✗	✗	✗	✓	✓	✓	✓
Motor neuron disease	✗	✗	✗	✓	✓	✓	✓
Multiple sclerosis *	✓	✓	✓	✓	✓	✓	✓
Muscular dystrophy	✗	✗	✗	✓	✓	✓	✓
Myasthenia gravis	✗	✗	✓	✓	✓	✓	✓
Narcolepsy	✗	✗	✗	✗	✗	✓	✓
Obsessive compulsive disorder	✗	✗	✗	✓	✓	✓	✓
Osteoarthritis	✗	✗	✗	✗	✗	✓	✓
Osteoporosis	✗	✗	✗	✓	✓	✓	✓
Paget's Disease of the Bone	✗	✗	✓	✓	✓	✓	✓
Panic disorder	✗	✗	✗	✓	✓	✓	✓
Paraplegia/quadriplegia	✗	✗	✗	✓	✓	✓	✓
Parkinson's disease *	✓	✓	✓	✓	✓	✓	✓
Pemphigus	✗	✗	✓	✓	✓	✓	✓
Peripheral Arteriosclerotic disease	✗	✗	✗	✓	✓	✓	✓
Polyarthritis nodosa	✗	✗	✗	✓	✓	✓	✓
Post-traumatic stress syndrome	✗	✗	✗	✓	✓	✓	✓
Psoriasis/psoriatic arthritis	✗	✗	✗	✗	✗	✓	✓
Pulmonary interstitial fibrosis	✗	✗	✗	✓	✓	✓	✓
Rheumatoid arthritis *	✓	✓	✓	✓	✓	✓	✓
Schizophrenia *	✓	✓	✓	✓	✓	✓	✓
Scleroderma (systemic sclerosis)	✗	✗	✗	✓	✓	✓	✓
Stroke	✗	✗	✓	✓	✓	✓	✓
Systemic lupus erythematosus *	✓	✓	✓	✓	✓	✓	✓
Thrombocytopenic purpura	✗	✗	✗	✓	✓	✓	✓
Ulcerative colitis *	✓	✓	✓	✓	✓	✓	✓
Unipolar mood disorder/major depression	✗	✗	✗	✓	✓	✓	✓
Valvular heart disease	✗	✗	✗	✓	✓	✓	✓
Vertigo	✗	✗	✓	✓	✓	✓	✓
Zollinger-Ellison syndrome	✗	✗	✗	✓	✓	✓	✓
Total conditions covered	28	28	41	66	66	75	75

Care programmes

CompCare offers members support through various care programmes and services designed to ensure that members receive quality care at affordable rates, assistance when needed and support when dealing with illness and emergencies.

Chronic medicine pre-authorisation

To receive your chronic medicine benefits, your doctor or your pharmacist should contact Universal Care to apply for chronic benefits. Application forms are no longer required.

Unlimited emergency transportation

By road and air in South Africa.

Hospital stay management

A complete hospital management service is provided by Universal Care, ensuring that you can pre-authorise planned admissions to hospitals in line with your chosen benefit option at least 48 hours in advance.

Hospital at home benefit

Partnering with Quromed allows CompCare to provide you with the option of receiving care for certain illnesses in the comfort of your own home, instead of being admitted to hospital. Your treating doctor will need to provide us with a referral for the pre-authorisation of this benefit, which will include close monitoring of the patient and physical as well as virtual care provided by a dedicated team of doctors, nurses and other healthcare professionals.

Disease management

Designed to empower all members to effectively manage their chronic conditions, Universal Care offers a comprehensive disease management service. The service offers personal telephonic counselling, as well as personalised health and wellness information via your preferred communication medium. Should you be living with a chronic condition such as asthma, diabetes, hypertension, HIV/Aids, etc, please register on the Disease Management Programme to receive the support you need.

Oncology care

There when you need it most, Universal Care will handle the pre-authorisation of your oncology treatment plan to allow you to concentrate on getting well. To receive your oncology benefits, your doctor should contact Universal Care to apply for oncology benefits.

Medical advice, information and assistance

Netcare 911's operators, including paramedics, nurses and doctors, are available 24/7 to provide you with general medical information and advice, guide you through a medical crisis, provide emergency advice and the support you need.

Pathology management

Universal Care provides a service that standard pathology guidelines are followed to ensure appropriate care.

Trauma expense recovery

Universal Care offers a service for the recovery of medical expenses that are the liability of a third party. In most cases, this is relevant to motor vehicle accidents involving a third party.

Specialised dentistry management

Universal Care offers a pre-authorisation service which is required prior to receiving specialised dentistry.

Fraud detection

CompCare is committed to sound business practices to ensure the continued and future success of the Scheme. Containing fraud and unethical practices through monitoring claim trends, detecting and investigating irregularities have been highly effective. As part of CompCare's commitment to healthy practice, the Scheme encourages members to report suspected fraud or crime anonymously to an independent, external firm via the Vuvuzela Hotline.

Report suspicions of fraud, corruption, unethical behaviour, misuse of funds, procurement irregularities, bribery or maladministration 24/7 to the fraud hotline:

Toll-free number: 080 111 4447
E-mail: universal@thehotline.co.za
Website: the hotlineapp.co.za
Callback: 072 595 9139
("Please call me")

Other info

Co-payments

	SelfCare+	SaverCare+	ExtraCare	UltraCare | UltraCare+	ExecuCare | ExecuCare+
Overall co-payment for elective surgeries	N/A				
Voluntary use of non-DSP/network hospital/ facility - for the hospital/facility account	A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, with a minimum of R8 220.				
MRI and CT-scans - In and out of hospital	R3 950 per scan.				
Specialised medication	PMB only	PMB only	25% co-payment for non-PMB medicines.	25% co-payment for non-PMB medicines.	No co-payment
Diagnostic scopes including: • Gastroscopy • Colonoscopy • Cystoscopy • Proctoscopy • Flexible sigamoidoscopy	PMB only	R5 820	R4 580	R3 410	No co-payment
Functional nasal surgery including: • Endoscopic Sinus Surgery • Septoplasty	PMB only	R12 480	R10 400	R3 410	No co-payment
Arthroscopy	PMB only	R10 400	R7 800	R3 410	No co-payment
Minor gynaecological laparoscopic procedures e.g. Hysteroscopy, endometrial ablation and diagnostic laparoscopy.	R5 820	R6 000	R5 000	R3 430	No co-payment
Dental	PMB only	R5 820	R4 680	R3 410	No co-payment
Joint replacements - arthroplasty	Excluded	R30 000	R26 000	R4 160	No co-payment
Conservative back and neck treatment - spinal cord injections	Excluded	R9 500	R5 500	R4 160	No co-payment
Laminectomy and spinal fusion	Excluded	R30 000	R25 000	R4 160	No co-payment
Nissen fundoplication - reflux surgery	Excluded	R26 520	R20 800	R4 160	No co-payment
Hysterectomy (Except for cancer and a Prophylactic hysterectomy)	Excluded	R19 550	R4 680	R3 430	No co-payment
Major Laparoscopic surgery including hemicolectomy and hernia repairs	Excluded	R7 070	R5 200	R3 430	No co-payment
Adenoidectomy, myringotomy - grommets, tonsillectomy	Drs Rooms - No co-payment Day Clinic - R3 120 DSP Hospital - R4 470	R4 470	R4 470	No co-payment	No co-payment
Other co-payments in day-to-day benefits					
Acute medication	25% co-payment on medicines where no generic is available.				
Chronic medication, including CDLs	25% co-payment for non-formulary medicine.	25% co-payment for non-formulary medicine.	25% co-payment for non-formulary medicine and the use of a non-DSP.	DSP pharmacies apply to UltraCare. 25% co-payment for non-formulary medicine, and the use of a non-DSP.	DSP pharmacies apply to ExecuCare. 25% co-payment for non-formulary medicine, and the use of a non-DSP.
Specialist visits out-of-hospital	A 35% co-payment will apply to specialist services, including related costs, e.g. pathology and radiology without GP referral.				

Prescribed Minimum Benefits (PMBs) are covered in full, without any co-payment required. In instances where a co-payment is not specified and the procedure is not a PMB, the procedure may be funded from a member's PMSA or accumulated savings. Co-payments are applied per beneficiary, per event.

Sub-limits

for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances

	Description	Frequency	SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Overall internal prosthesis limit per family			R33 280	R38 220	R43 680	R48 880	R62 400
Coronary artery stents (Subject to the overall internal prosthesis limit)	Stents	Annual	Subject to the overall internal prosthesis limit and a sub-limit of R14 560 per stent.				
	Medicated stents						
Other stents (Subject to the overall internal prosthesis limit)	Abdominal aortic aneurism stents	Annual	Subject to the overall internal prosthesis limit.				
	Carotid stents		PMBs	R35 780	R35 780	R35 780	R35 780
	Renal stents		PMBs	R6 760	R6 760	R6 760	R6 760
	Aneurysm coils		PMBs	Subject to the overall internal prosthesis limit.	Subject to the overall internal prosthesis limit.	R47 740	R47 740
Heart valves etc. (Subject to the overall internal prosthesis limit)	Heart valves (Mitral etc)	Annual	PMBs	R30 680	R32 550	R32 550	R32 550
Orthopaedic prosthesis (Subject to the overall internal prosthesis limit)	Hip prosthesis	Annual	PMBs	R34 940	R35 000	R42 120	R43 370
	Knee prosthesis			R34 940	R35 000	R42 120	R43 370
	Shoulder prosthesis			R34 940	R35 000	R42 120	R43 370
	Elbow prosthesis			R34 940	R35 000	R40 460	R42 120
	Ankle prosthesis			R34 940	R35 000	R40 460	R42 120
	Wrist prosthesis			R34 940	R35 000	R40 460	R42 120
	Finger prosthesis			R23 820	R24 770	R24 960	R26 000
	Spinal instrumentation – Sub-limit per level subject to the overall internal prosthesis limit and limited to 1 procedure per beneficiary per year			R12 480	PMBs	R26 210	R32 550 for first level and R60 840 for two and more levels
	Spinal cages			R18 410	PMBs	R33 590	R36 400
	Spinal implantable devices			Subject to the overall internal prosthesis limit	PMBs	Subject to the overall internal prosthesis limit	Subject to the overall internal prosthesis limit
	Internal fixators for fractures			R18 410	R22 780	R30 370	R33 590
Artificial limbs (Subject to the overall internal prosthesis limit)	Through knee	Annual	Subject to the overall internal prosthesis limit				
	Below knee						
	Above knee						
	Partial foot						
	Partial hand						
	Below elbow						
	Above elbow						
Other prosthesis (Subject to the overall internal prosthesis limit)	Intraocular lenses	Annual	PMBs	R3 220	PMB only	R4 260	R5 410
	Bladder sling			R9 670		R9 670	R10 300
	Hernia mesh			R10 090		R10 090	R10 610
	Vascular grafts			R17 990		R32 550	R34 110

Sub-limits for Surgical Prosthesis, Electronic and Nuclear Devices and Appliances (continued)

	Description	Frequency	SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Electronic and nuclear devices (Subject to PMBs)	Internal cardiac defibrillator	Annual	Subject to the overall internal prosthesis limit.				
	Single chamber pacemaker	Annual	Subject to the overall internal prosthesis limit.				
	Dual chamber pacemaker	Annual	Subject to the overall internal prosthesis limit.				
	Internal nerve stimulators	Annual	Excluded	Excluded	Excluded	R142 480	R142 480
	Cochlear implants and Bone Anchored Hearing Aids (BAHA)	Annual	Excluded	Excluded	Excluded	R250 740	R250 740
	Insulin pumps	Every 5 years	Excluded	PMSA*	Excluded	R29 020	R29 020
Appliances (Subject to day-to-day benefits)	**Overall limit**	**Annual**		PMSA*	**R14 250**	**R21 630**	**R42 120**
	Hearing aids (13 years and older)	3 year interval	Excluded	PMSA*	R11 340	R21 630	R28 500
	Hearing aids (0 - 12 years)	3 year interval	R6 500	R6 500	R6 500	R6 500	R6 500
	Artificial eyes	5 year interval	Excluded	PMSA*	R14 040	R21 630	R27 300
	BP monitor	3 year interval			R790	R790	R830
	Glucometer	3 year interval			R790	R790	R830
	Humidifier	3 year interval			R330	R350	R350
	Nebuliser	3 year interval			R680	R680	R680
	Breast pump	Per pregnancy			R3 330	R3 330	R3 330
	Moonboot	Annual			R2 810	R2 810	R2 810
	Elbow crutches	Annual			R830	R840	R840
	CPAP machines	3 year interval			Excluded	R12 790	R12 790
	Apnoea monitors for infants < 1yr	Once per beneficiary per lifetime			PMB only	R12 480	R12 480
	Braces and callipers	Annual			R930	R930	R930
	Rigid back brace	Annual			Excluded	R6 760	R6 760
	Sling clavicle brace	Annual			Excluded	R680	R680
	Wigs	Annual			Excluded	R2 500	R2 500
	Bras for breast prosthesis after mastectomies	2 per annum			R1 300	R3 530	R3 530
	Breast prosthesis	Annual			R1 300	R4 210	R4 210
	Commodes	3 year interval			R1 300	R2 600	R2 600
	Wheelchairs	3 year interval			R1 300	R5 250	R5 430
	Swivel Bath chairs	3 year interval			Excluded	R2 160	R2 160
	Walking frames	3 year interval			Excluded	R1 300	R1 300
	Rehabilitative foot orthotics	Annual			R1 300	R4 210	R4 210
Wearable devices	Wearable devices claimable only with a valid NAPPI code	Annual	PMSA*	PMSA*	Excluded	Excluded	Excluded
Stockings (Subject to day-to-day benefits)	Stockings: Elastic, Full length and anti-embolic stockings, including compression socks	Annual	PMB	PMSA*	R1 020*	R1 920*	R2 510*

** Please refer to scheme rules.*

List of exclusions

Please note that exclusions are subject to PMB.

		SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Procedures	Back and neck surgery	✔	✗	✗	✗	✗
	Bariatric surgery / treatment relating to obesity	✔	✔	✔	✔	✔
	Breast reduction / Gynaecomastia surgery	✔	✔	✔	✔	✔
	Bunion surgery (Correction of Hallux Valgus)	✔	✗	✗	✗	✗
	Elective Caesarean sections for non-medical reasons	✔	✔	✔	✔	✔
	Cochlear implants, auditory brain implants (Bone-anchored Hearing Aids)	✔	✔	✔	Limits apply	Limits apply
	Cosmetic surgery - blepharoplasty; septoplasty, nasal tip reconstruction and otoplasty, as well as any cosmetic preparations	✔	✔	✔	✔	✔
	Corneal transplants	✔	✗	✗	✗	✗
	Deep brain implants	✔	✔	✗	✗	✗
	Excimer Laser / Refractive surgery	Savings	Savings	✗	✗	✗
	Functional nasal and sinus surgery	✔	✗	✗	✗	✗
	Gender reassignment surgery, medicines and treatment	✔	✔	✔	✔	✔
	Infertility -AI; IVF; GIFT; ZIFT and ICSI	✔	✔	✔	✔	✔
	In-hospital dental surgery	Savings	✗	✗	✗	✗
	Internal nerve stimulators	✔	✔	✔	✗	✗
	Investigations and diagnostic work up only in hospital	✔	✔	✔	✔	✔
	Joint replacement surgery and related orthopaedic prosthesis (including hip, knee, shoulder, elbows, ankle, wrist and finger prosthesis).	✔	Limits apply	Limits apply	Limits apply	Limits apply
	Polysomnograms and CPAP titrations	✔	✗	✗	✗	✗
	Removal of port-wine stains, scars and tattoos	✔	✔	✔	✔	✔
	Reversal of Vasectomy or tubal ligation	✔	✔	✔	✔	✔
	Robotic assisted surgery	✔	✔	✔	✔	✔
	Reflux and Hiatus hernia repair surgery	✔	✗	✗	✗	✗
	Spinal surgery and related orthopaedic prosthesis (Instrumentation, implantable devices and spinal cages.)	PMB only	Limits apply	PMB only	Limits apply	Limits apply
	Sleep therapy	✔	✔	✔	✔	✔
	Treatment of keloids except for burns & functional impairment	✔	✔	✔	✔	✔
Dental	Bleaching of teeth	✔	✔	✔	✔	✔
	Conscious sedation and general anaesthetics for dental procedures -7yrs and older	✔	✔	✔	✔	✔
	Lingual orthodontics	✔	✔	✔	✔	✔
	Orthodontic treatment over age of 18yrs	✔	✔	✔	✔	✔
	Osseo-integrated implants, all implant-related procedures and orthognathic surgery	✔	✗	✗	✗	✗
	Resin bonding of Metal fillings	✔	✔	✔	✔	✔

List of exclusions (continued)

		SelfCare+	SaverCare+	ExtraCare	UltraCare UltraCare+	ExecuCare ExecuCare+
Medicines	Medication not registered by SAPHRA	✔	✔	✔	✔	✔
	Medication used in clinical trials and / or treatment resulting from clinical trials	✔	✔	✔	✔	✔
	Anabolic steroids and immunostimulants	✔	✔	✔	✔	✔
	Vitamins and minerals	✔	✔	✔	✔	✔
Prosthesis	Implantable ventricular assist devices (e.g. LVAD) and total artificial hearts	✔	✔	✔	✔	✔
	Internal fixators for fractures	✔	Limits apply	Limits apply	Limits apply	Limits apply
External appliances	APS/TENS machines	✔	✔	✔	✔	✔
	Chair seats / backrests and cushions (Excluding wheelchairs backrests and cushions)	✔	✔	✔	✔	✔
	Hospital beds - purchase / rental	✔	✔	✔	✔	✔
	Health shoes	✔	✔	✔	✔	✔
	Incontinence Products (Linen savers; disposable nappies, waterproof sheets)	✔	✔	✔	✔	✔
	Mattresses	✔	✔	✔	✔	✔
	Motorised Scooters	✔	✔	✔	✔	✔
	Shower and bath rails	✔	✔	✔	✔	✔
	Sunglasses (prescription and non-prescription)	✔	✔	✔	✔	✔
	Braces including rigid back braces, and callipers	✔	Paid from PMSA	Limits apply	Limits apply	Limits apply
	Wigs	✔	Paid from PMSA	Limits apply	Limits apply	Limits apply
	CPAP machines	✔	Paid from PMSA	Limits apply	Limits apply	Limits apply
	Apnoea monitors for infants <1 year	✔	Paid from PMSA	Limits apply	Limits apply	Limits apply
Other	Difference in cost between a cornea from outside SA and a locally acquired cornea	✔	✔	✔	✔	✔
	Physiotherapy services - wisdom teeth; caesareans	✔	✔	✔	✔	✔
	Genetic and metabolic testing	✔	✔	✔	✔	✔
	Aphrodisiacs	✔	✔	✔	✔	✔
	Smoking cessation agents	✔	✔	✔	✔	✔
	Contact lens preparations	✔	✔	✔	✔	✔
	Cosmetic preparations	✔	✔	✔	✔	✔

Terms explained

Abbreviations

A	Adult Dependant
AFB	Annual Flexi Benefit
AT	Annual Threshold
ATB	Above Threshold Benefit
BMI	Body Mass Index
C	Child Dependant
CDL	Chronic Disease List
CPAP	Continuous Positive Airway Pressure appliance
CT scan	Computerised Tomography scan
DSP	Designated Service Provider
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
M	Member
MRI	Magnetic Resonance Imaging
OAL	Overall Annual Limit
OTC	Over-the-Counter Medicine
P	Principal Member
PB	Per Beneficiary
PET scan	Positron Emission Tomography scan
PM	Per Member
PMB	Prescribed Minimum Benefits
PMF	Per Member Family
PMSA	Personal Medical Savings Account
PSA	Prostate-Specific Antigen blood test
RP	Reference Pricing or Medicine Reference Price
SAOA	South African Optometry Association
SPG	Self-Payment Gap
TTO	To-Take-Out (medicine taken on discharge from hospital)

Adult dependant (A): a dependant who is 21 years and older.

Annual Flexi Benefit (AFB): an insured benefit which is a fixed amount provided by CompCare to cover Day-to-Day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions based on the member's chosen benefit option. For the SelfCare and SaverCare options with a Personal Medical Savings Account (PMSA), claims are first paid from the PMSA and then from the AFB. For traditional plans without a PMSA, day-to-day claims are paid directly from the AFB.

Above Threshold Benefit (ATB): available on UltraCare, ExecuCare and the Plus versions of these benefit options, the ATB consists of additional benefits which become available once the AFB insured benefits are depleted, and the annual thresholds for the Self-Payment Gap have been reached. The ATB offers additional benefit amounts for selected medical expenses.

Chronic Disease List (CDL): the Chronic Disease List determined by the Medical Schemes Act which is covered in terms of Prescribed Minimum Benefits.

Child dependant (C): a child until the age of 21 years, including biological and legally adopted children as well as stepchildren.

CompCare Rate: the tariff paid by the Scheme for different medical services and can include the contracted tariff for services agreed with certain groups of service providers such as hospitals.

Contraceptives: injectable, implantable, intra-uterine, trans- and subdermal, as well as oral contraceptives.

Co-payments: the difference between the cover provided by the Scheme and the cost/tariff charged for the medical service for which the member is liable.

Cost: the cost of Prescribed Minimum Benefit (PMB) services, payable by the Scheme, subject to the registration of the conditions with the Administrator as qualifying for PMBs and rendered by designated service providers (DSPs) according to accepted PMB treatment protocols.

Continuous Positive Airway Pressure appliance (CPAP): a device that provides continuous positive airway pressure to help prevent breathing interruptions during sleep.

Designated Service Provider (DSP): is a service provider contracted or appointed by the Scheme to provide certain medical services.

Emergency medical condition: any sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. Emergencies that qualify as PMBs must also be registered as a PMB with supporting evidence.

Hospital benefits: benefits for services rendered in hospital during a patient's stay. Services include ward accommodation and ward medicine, radiology, pathology, and consultations during hospitalisation. Certain procedures performed in hospital, for example, scopes and specialised radiology, require the member to make an upfront payment, which differs per option. All planned hospital admissions must be pre-authorised to avoid a co-payment. Emergency admissions must be registered on the first workday following the admission (see "Emergency medical condition"). Members who are required to use Medclinic or Netcare hospitals but choose to voluntarily be admitted to another hospital will incur a co-payment inf the hospital and all related accounts.

Personal Medical Savings Account (PMSA): for the SelfCare Plus and SaverCare Plus options, a portion of the member's contribution is allocated to a savings account from which day-to-day medical expenses may be covered. The full savings amount is made available at the beginning of the financial year, it accumulates if not depleted and is carried over to the next year. When joining during the year, the savings will be pro-rated. A PMSA cannot be used to pay for PMB services.

Prescribed Minimum Benefits (PMBs): a set of defined benefits as per the Medical Schemes Act to ensure that all medical scheme members have access to certain minimum health services. PMBs apply to 27 chronic conditions on the Chronic Disease List (CDL) and 272 diagnoses with their treatments as published in the Regulations under the Act. In terms of these Regulations, medical schemes must grant benefits for the diagnosis, treatment, and care costs of any of these conditions as well as emergency medical conditions (that meet the published definitions) without imposing any limits. PMBs are subject to pre-authorisation, protocols, and the use of designated service providers, where applicable. Benefits for PMB services are first funded from the related day-to-day benefits.

Protocol: a set of clinical guidelines in relation to the optimal sequence of diagnostic testing and treatments for specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines, disease management guidelines, treatment algorithms, clinical pathways, and evidence-based medicine.

Reference Price (RP): applies to all pre-authorised PMB medicine. The price is determined according to the most cost-effective treatment based on evidence-based principles. Members are advised to consult their doctor when using PMB medicine to make sure they use medicine on the formulary and within the reference price where possible and avoid or minimise co-payments.

Over-the-Counter medicine (OTC): medicine that is not prescribed and is available to buy over the counter at pharmacies. Claims for self-medication must have valid NAPPI codes to be processed.

Self-Payment Gap (SPG): applicable to the UltraCare, ExecuCare and the Plus versions of these benefit options. Once the Annual Flexi Benefit is depleted, annual thresholds for the Self-Payment Gap apply where the member is liable for day-to-day medical expenses up to a certain threshold. Once the Threshold is reached, the Above Threshold Benefits will offer additional benefit amounts for selected medical expenses.

To-Take-Out medicine (TTO): medicine that is dispensed and charged by the hospital for the patient to take home when discharged.

Vascular/cardiac prosthesis: includes artificial aortic valves, pacemakers, and related or connected functional prostheses.

Virtual consultations: the online consultations made possible by uConsult™ and accessible via the Universal.one App or by visiting u-consult.co.za.

Member guide

1. Rules of the Scheme

The Scheme is governed by a set of rules submitted to and approved by the Council 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 of 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 as dependants at the time of the main member's death (marriage and death certificate required).
- A child until the age of the age of 21 – who 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 the 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 21 years.
- 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 21) who is unemployed and financially dependent on the principal member (affidavit required).
- Disabled/mentally challenged – a 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-month period ending on the date on 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 period 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 of twelve months will apply. If the beneficiary suffers from any pre-existing condition, the Scheme may impose any unexpired balances imposed 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 benefit year begins on 1 January and ends on 31 December of that year. This means that if you join the Scheme on 1 January, you are entitled to the full allocation of the year's benefits and limits. However, if you join the Scheme during the course of the benefit year, you will be entitled to pro-rated benefits and limits, meaning that you will only be entitled to a time-appropriate proportion of the annual benefits and limits.

Please note: You have the opportunity to review and change your choice of benefit option once during the benefit year with effect from 1 January of the next year. Once you have selected a benefit option for the benefit year, you cannot change your benefit option during that benefit year.

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2.3 Proof of membership

Every member shall be provided with a membership card. You will be required to exhibit this membership card when visiting a healthcare service provider and/or admission to a hospital. You therefore need to ensure that your card is kept secure at all times in order to prove your membership of the Scheme. Your membership card can also be downloaded on the Universal.one App.

2.4 How do I go about changing my details?

Complete a Member Update Information form, available from from our website (compcare.co.za) or our offices at **0861 222 777**. A member must notify the Scheme within 30 days of any change of address, including the address at which legal proceedings may be instituted (domicilium citandi et executandi.)

The Scheme shall not be held liable if a member's rights are prejudiced 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 preceeding 1 April 2001, without a break in coverage exceeding three consecutive months since 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 formula:

A = B minus (35+C)

Where in terms of the Medical Schemes Act No 131 of 1998:

A = *number of years referred to in the first column of the table in subregulation (2), for purposes of determining the appropriate penalty band;*
B = *age of the late joiner at the time of his or her application for membership or admission as a dependant;*
C = *the number of years of creditable coverage, which can be demonstrated by the late joiner.*

2.6 Complaints and disputes:

Members may lodge their complaints telephonically, or in writing, to Universal Healthcare Administrators on **0861 222 777** or e-mail address **escalations@universal.co.za**.

The Escalations team will assist the member immediately where possible. All unresolved telephonic complaints, or complaints received in writing, will be responded to by the Universal Healthcare Escalations team, in writing, within 30 days of receipt thereof and copy the Fund Manager on the response. Should the member not be satisfied with the outcome of the query, then this query or dispute can be escalated to the Fund Manager.

E-mail escalations can be sent to **compcare@universal.co.za** or the call centre agent can transfer the member to the appropriate senior official. All escalations will have to be accompanied by supporting evidence. Any dispute, which may arise between a member, prospective member, former member or a person claiming by virtue of such membership and the Scheme or an officer of the Scheme, may be referred by the Principal Officer to a disputes committee (appointed as and when needed, by the Board of Trustees) for adjudication. On receipt of a request in terms of this rule, the Principal Officer must convene a meeting with 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 must 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 the Council for Medical Schemes not later than three months after the date on which the decision concerned was made. The contact details of the Council for Medical Schemes: **086 112 326** and e-mail: **complaints@medicalschemes.com**.

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 for income-based benefit option members. 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 is advanced and will be available to you 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 being owed to the Scheme. Should you terminate your membership with the Scheme, the savings balance will be payable to the member or transferable to the new medical aid of the member in the 5th month following 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 from the employer.

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 one month's 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 as the child dependant/s.

4. Members' portions

Members' portions arise when healthcare 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 EFT, 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 benefit 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 benefit 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 of 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 benefits, 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 the date of treatment and to check claims statements for accuracy and validity of the claims submitted by the service providers.

6.2 Email/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 the date of treatment.

Email: compcare@universal.co.za

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

6.3 Via the Mobi App

Submit a claim and track your expenses via the Universal.one App for CompCare Medical Scheme members.

6.4 How does the claim process work?

Claims are settled every two weeks for payment to the service providers or members. Members will receive a monthly detailed statement of claims 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 referral process

A referral from a GP is required before seeking treatment form a specialist, failing which will attract a 35% co-payment on the visit as well as related services.

Members are required to notify the Scheme of a specialist visit prior to the visit by requesting a "Spec Auth". This can be done by contacting the call centre at 0861 222 777 or by sending an email to specauth@universal.co.za.

The following information is required:

- The referral letter from the member's GP on the practice letterhead.
- The medical aid number.
- The name of the dependant.
- The member's correct contact numbers.
- The intended date of the specialist consultation.
- The specialist's name, practice number and contact details.

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

A GP referral is not required in the following cases:

- 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 consultations, as this will be approved as part of an Oncology Management Programme.
- Optical and dental specialist consultations (ophthalmologists and orthodontists).
- Where multiple specialist visits have been authorised.

6.5 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 not incur a consultation fee that your GP will normally charge. Please consult your benefit guide for the OTC rules and limits applicable to your option. This benefit will include any homeopathic medication.

Contact details

	Contact number	Operating hours	E-mail address	Postal address	Website
Ambulance (Netcare 911)	082 911	24 / 7 / 365	customer.service@netcare.co.za	P.O. Box 3455, Halfway House, 1685	netcare911.co.za
Call Centre	0861 222 777	Mon to Fri 7h00 to 19h00, Sat 08h00 to 13h00, Excl. Public Holidays	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Claims Submissions		24 / 7 / 365	compcare@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Contributions	0861 222 777	Monday to Friday 08h00 to 17h00	contributions@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Disease management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Escalations	0861 222 777	Mon to Fri 7h00 to 19h00, Excl. Public Holidays	escalations@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
HIV/AIDS management	0861 222 777 0860 111 900	Monday to Friday 08h00 to 17h00	diseasemanagement@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital account queries	011 208 1100	Monday to Friday 08h00 to 17h00	hospitalaccounts@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Hospital pre-authorisation	0860 111 090	24 / 7 / 365	preauthorisation@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Maternity management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	correspondence@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Medicine management	0861 222 777	Monday to Friday 08h00 to 17h00	chronicmedicine@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Membership	0861 222 777	Monday to Friday 08h00 to 17h00	membership@universal.co.za	Private Bag X49, Rivonia, 2128	compcare.co.za
Oncology management	0861 222 777 0860 111 090	Monday to Friday 08h00 to 17h00	oncology@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Psychosocial Counselling	0800 390 003 (Toll free) or “Please call me” number: *134*952#	24 / 7 / 365		Private Bag X49, Rivonia, 2128	universal.co.za
Trauma expense recovery (MVA)	0861 208 1168	Monday to Friday 07h30 to 16h30	trauma@universal.co.za	Private Bag X49, Rivonia, 2128	universal.co.za
Universal Rewards®	086 155 LIVE (5483)	Monday to Friday 08h00 to 17h00	uRewards@universal.co.za	Private Bag X49, Rivonia, 2128	universal360.co.za

Contact Details

CompCare Medical Scheme

Universal House, 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

This brochure is a summary of the benefits of CompCare Medical Scheme. All information relating to the 2026 CompCare Medical Scheme benefits and contributions is 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.

Administered by Universal®