

**YOU CAN LOOK FORWARD TO THE
ESSENTIAL COVER AND BENEFITS YOU TRULY
NEED FROM MUMED IN 2012**

- ✚ Day-to-day **benefits of up to R10 450 per family** per annum
- ✚ You receive **unlimited cover for basic dentistry**
- ✚ We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- ✚ You receive **cover for 27 chronic conditions**
- ✚ We offer a **benefit for oral contraceptives from risk**
- ✚ You now have a **basket of wellness benefits** - including preventative screening for blood pressure, glucose, cholesterol, BMI and waist circumference, certain baby immunisations, flu vaccinations, HPV (cervical cancer) vaccination, adult pneumococcal vaccination, pap smears, prostate specific antigen test, VCT test, baby wellness visits and malaria prophylaxis **paid from risk**, subject to protocols
- ✚ You pay only for the first three child dependants – **the rest are free!**

2012

*The
Mumed Option*

The Mumed option is an affordable plan with traditional benefits combined with a medical savings account for young members and families who want the freedom to see a healthcare provider of choice when necessary.

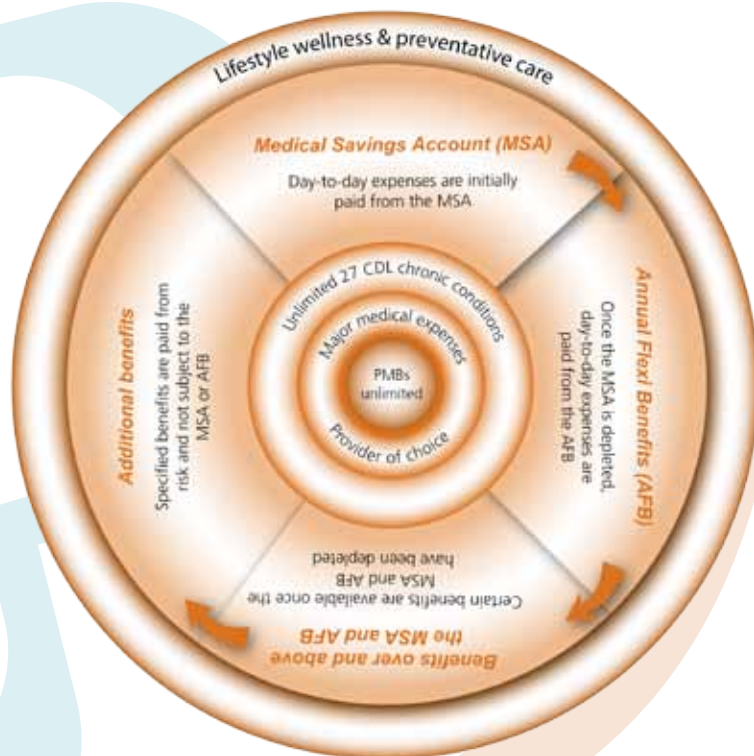
Total annual Medical Savings Account and Annual Flexi Benefit

P = R4 400
 P + A = R7 150
 P + A + C = R8 250
 P + A + 2C = R9 350
 P + A + 3C = R10 450

P – Principal member
 A – Adult dependant
 C – Child dependant

Day-to-day benefits

Day-to-day claims are initially paid from the annual Medical Savings Account (MSA) and thereafter from the Annual Flexi Benefit (AFB). Once the MSA and AFB have been depleted, basic dentistry will be unlimited for the remainder of the year.



On all income categories	Medical Savings Account	Annual Flexi Benefit	Total day-to-day benefit
Member	R2 196	R2 204	R4 400
Adult dependant	R1 380	R1 370	R2 750
Child dependant	R552	R548	R1 100

Day-to-day services are initially paid from the Medical Savings Account (MSA) and thereafter from the Annual Flexi Benefit (AFB)

BENEFITS	LIMITS
GP consultations	Visits are limited to: M: 6 visits; M1: 8 visits; M2: 10 visits; M3+: 11 visits – initially paid from the MSA and AFB, thereafter the balance of the visits are available
Specialist consultations	Paid from the MSA and AFB
Acute medicine (25% co-payment on all medicine without a generic equivalent)	Paid from the MSA and AFB, subject to formulary and MRP
Over the counter medicine (including schedule 0,1 and 2 medicines) and Homeopathic medicines	Paid from the MSA and AFB, subject to formulary and MRP, limited to R440 p/b and R770 p/f (limited to one script per day and a maximum of R130 per event)
Basic radiology	Paid from the MSA and AFB
Basic pathology	Paid from the MSA and AFB
Basic dentistry	Initially paid from the MSA and AFB, thereafter unlimited
Specialised dentistry	Paid from the MSA and AFB, limited to R1 430 p/b, subject to protocols
Optometry Visit Lenses, frames and contact lenses	Paid from the MSA and AFB 1 p/b per annum Limited to R1 100 p/b and R3 190 p/f per annum (subject to protocols) Frame sub-limit included in lens limit R550 p/b per annum
Auxiliary services	Paid from the MSA and AFB, collective limit of R1 375 p/b and R2 200 p/f
Clinical psychologist	Paid from the MSA and AFB, limited to R1 155 p/f, subject to protocols
Psychiatry	Paid from the MSA and AFB, limited to R2 900 p/f, subject to protocols
Home oxygen ventilation	Paid from the MSA and AFB, subject to pre-authorisation, PMBs and protocols
Private nursing at home	100% GWR, paid from the MSA and AFB, limited to 20 days, subject to protocols and pre-authorisation
Ante-natal classes	Paid from the MSA and AFB, limited to R550
Hospital emergency room/casualty emergency visits (not requiring admissions, excluding facility fees)	Paid from the MSA and AFB

Day-to-day services not subject to MSA or AFB, paid from risk

BENEFITS	LIMITS
Surgical and medical appliances	100% of cost, limited to R5 775 p/f, sub-limits apply – refer to website for details
Emergency road-side assistance and ambulance transportation	Unlimited, preferred provider

Wellness, lifestyle and preventative care benefits paid from risk

BENEFIT	LIMITS
Women's health	
Cervical cancer vaccine	1 course (3 doses per registered schedule), once-off for female beneficiaries between the ages of 12 and 18 years
Pap smear	1 test per year per female beneficiary over the age of 18 years
Oral contraceptives	Limited to R100 p/b per month
Men's health	
Prostate specific antigen	1 test annually per male beneficiary over the age of 40 years
Children's health	
Baby wellness visits	2 visits per annum for children between 4 weeks and 18 months at DSP
Vaccinations	
Flu vaccine	1 p/b per year, limited to R70
Tetanus diphtheria injection	As required
Pneumococcal vaccine	As required, p/b over 60 years of age and high risk members, subject to pre-authorisation
Prophylaxis (malaria)	As required
Lifestyle	
Universal 360° check including cholesterol, glucose, blood pressure, BMI, waist circumference, exercise plan, meal plan	1 per year p/b over the age of 18 years, limited to R100 p/b at DSP
Smoking cessation programme	Once a lifetime p/b Limited to R2 500 Conditions apply
VCT and HIV	Once a year p/b

Cover for chronic conditions

The Mumed option offers extensive cover for **27 chronic conditions as per the Chronic Disease List (CDL)** conditions.

If you suffer from one of the chronic conditions on the list, you need to register with **Mediscor** in order to qualify for the chronic benefit.

Chronic medication is subject to the basic formulary and Mediscor Reference Pricing. A **25% co-payment** is payable for the voluntary use of non-formulary or non-generic medicines.

All registered **CDL chronic medication is unlimited** and not subject to the MSA and AFB.

In-hospital benefits

BENEFITS	LIMITS
Overall Annual Limit (OAL)	R550 000 p/b and R1.1 million p/f
Private hospitals and nursing homes	100% of AT, subject to OAL, subject to pre-authorisation
Ward fees: General; High Care; Intensive Care	100% of AT, subject to OAL
Theatre fees	100% of AT, subject to OAL
TTO medication (take home medication)	Limited to 7 days supply
GPs and specialists	Subject to OAL, 100% of AT
Surgical prostheses and electronic nuclear devices	Subject to OAL, limits per category, sub-limits apply, subject to pre-authorisation and protocols
Radiology	100% of AT, limited to R22 000 p/f subject to OAL
Pathology	100% of AT, limited to R16 500 p/f subject to OAL
MRI, CT scans/PET scans (combined in-and-out-of hospital benefit)	Subject to OAL, 100% of AT, limited to R11 000 p/f, pre-authorisation required
Physiotherapy in hospital	Subject to OAL, 100% of AT, limited to R4 400 p/f
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	Subject to OAL, 100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP
Sport injuries	Subject to OAL, 100% of AT, including professional sport
Emergency room/casualty	Subject to OAL 100% of AT for emergency medical treatment for injuries resulting from accidents or trauma

Alternatives to hospitalisation

The Mumed option offers cover for step-down nursing facilities, Hospice and rehabilitation. Cover is subject to pre-authorisation, protocols and case management, and OAL.

Prescribed Minimum Benefits (PMBs)

- Subject to **Scheme protocols**
- Hospitalisation – **100% AT at DSP, unlimited**
- Medication – **CDL conditions are unlimited** subject to a formulary and dispensed by a DSP
- Medical management in and out of hospital – **100% AT**, subject to protocols and treatment by DSP
- HIV/AIDS – subject to registration on **HIV/AIDS programme**, subject to protocols, failing which a R3 000 limit will apply

Co-payments for in-hospital procedures

Co-payments are payable on specified elective procedures (excluding PMBs) done in a hospital or a day facility. The following treatments require a R1500 co-payment:

Gastroscopy, colonoscopy, cystoscopy, nasal/sinus endoscopy, functional nasal surgery (septoplasty), hysteroscopy, flexible sigmoidoscopy, arthroscopy, diagnostic laparoscopy, dental, conservative back and neck treatment (spinal cord injections)

The following treatment requires a R1000 co-payment:
Excision lesion (benign & malignant)

The following treatments require a R8000 co-payment:
Joint replacements (arthroplasty), laminectomy and spinal fusion and Nissen fundoplication (reflux surgery)

The following treatment requires a R3000 co-payment:
Hysterectomy (except for cancer)

Contribution table

Salary (Rand)	Principal	Adult	Child
0 - 6000	R1 242	R966	R354
6 001 – 7 900	R1 380	R1 074	R390
7 901 – 15 000	R1 506	R1 176	R426
15 001+	R1 674	R1 306	R468

Glossary

PMB	-	Prescribed Minimum Benefit	P/B	-	Per beneficiary
AFB	-	Annual Flexi Benefit	P/F	-	Per family
CDL	-	Chronic Disease List	AT	-	Agreed Tariff
OAL	-	Overall Annual Limit	MSA	-	Medical Savings Account
DSP	-	Designated Service Provider	MRP	-	Mediscor Reference Pricing
GWR	-	General Ward Rate			

This brochure is a summary of the benefits of CompCare Wellness Medical Scheme. A copy of the current rules may be obtained from the administrator, if so required. The rules of the Scheme will always take precedence over this summary.



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