CompCare Wellness

medical scheme

2012

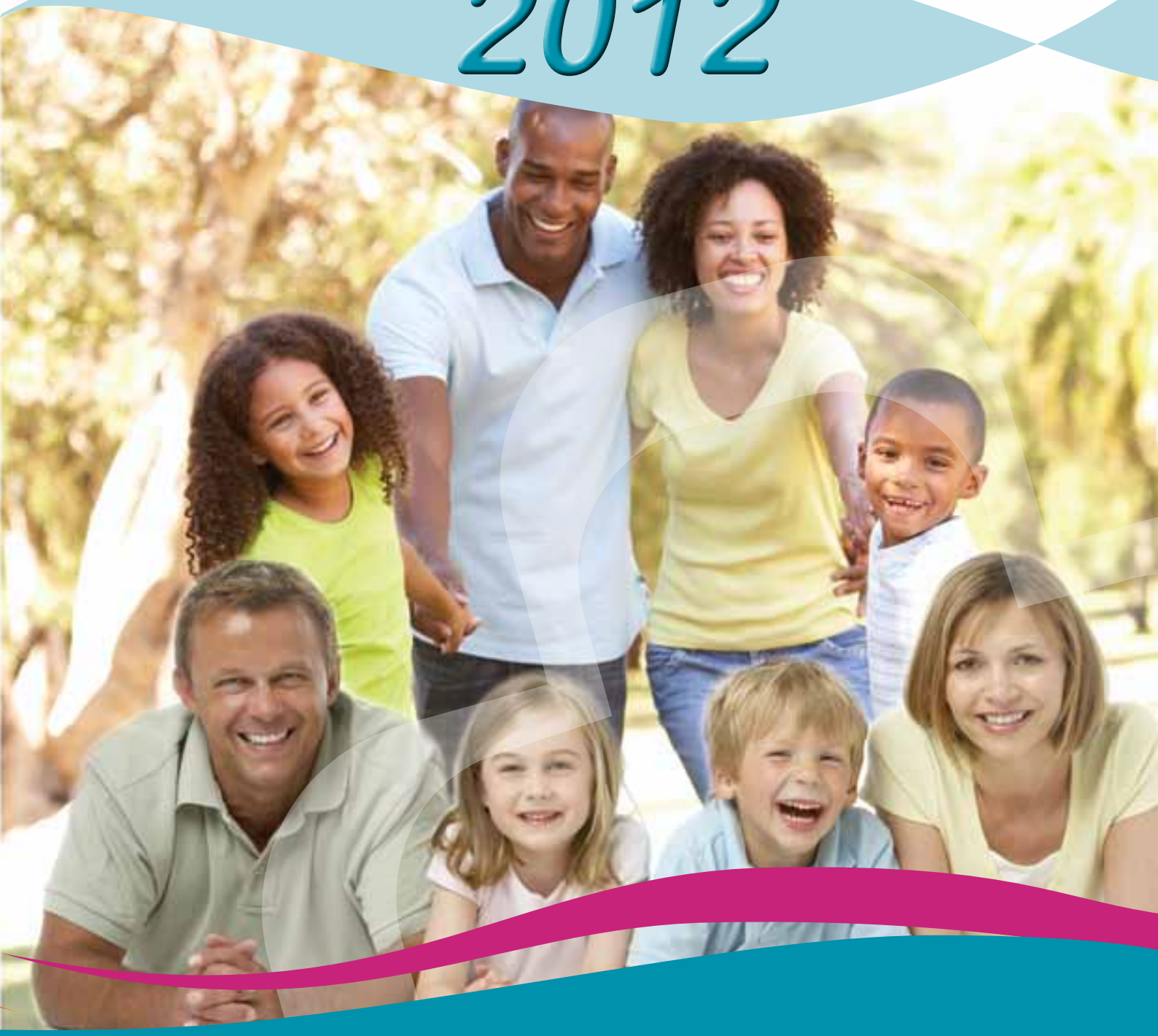


Table of Contents

From the pen of the Principal Officer

The name CompCare Wellness Medical Scheme has become synonymous with the word 'trust' and there is a very good reason for that. For over three decades we have made it our business to be a medical scheme that our members can rely on, year-in and year-out, and 2012 is no different.

CompCare is stronger than ever this year with a solvency level of 37%, considerably higher than the 25% minimum required by the Council for Medical Schemes. This figure has steadily improved with an increase of almost 10% in just two years – an indication of the Scheme's financial soundness.

While we continue to make a concerted effort to ensure the stability of the Scheme, we have not neglected our duty to provide members with meaningful benefit increases and innovative product enhancements.

CompCare has implemented overall benefit and limit increases ranging from 6% to 10% across five of our six options for 2012 while all members will have access to preventative care such as flu vaccinations. The majority of CompCare options also include screening tests for cholesterol, blood pressure, glucose, BMI and waist circumference, as well as an exercise and meal plan. VCT and HIV testing and a smoking cessation programme are also available on certain options.

Those who are new to the Scheme will find that CompCare is sensitive to both healthcare needs and budgetary requirements with no less than six benefit options to choose from. These include new generation options, a hospital option and a network option.

2012 highlights for members on the majority of CompCare options include cover for flu and tetanus vaccinations, while female members will be pleased to know that contraception and the cervical cancer vaccination are now paid out of risk.

Over and above this, CompCare is offering benefits that are often not covered by other medical schemes such as laser eye surgery for visual defects and cover for attention deficit disorder (ADD) treatment on the Pinnacle, Dynamix and Symmetry options.

At CompCare we work to provide our members with the best healthcare benefits possible at the most realistically affordable prices. I trust that this booklet will demonstrate this while providing you with relevant information on the benefit options that we offer. Please take the time to read this booklet carefully and select an option that will best suit the needs of you and your loved ones.

Should you require any further information please do not hesitate to contact us.

We wish you health and happiness in 2012.

Rod Hallowel
Principal Officer
CompCare Wellness Medical Scheme

Contact Details

	CONTACT COMPANY	CONTACT NUMBER	FAX NUMBER	E-MAIL ADDRESS	POSTAL ADDRESS	WEBSITE
Call centre	Universal Healthcare Administrators (Pty) Ltd	011 208 1010/20	011 803 6489 011 807 4496	admin@universal.co.za	Private Bag X49 Rivonia, 2128	www.compcarewellness.co.za
Membership	Universal Healthcare Administrators (Pty) Ltd	011 208 1000	011 803 7847	admin@universal.co.za	Private Bag X49 Rivonia, 2128	www.compcarewellness.co.za
Contributions	Universal Healthcare Administrators (Pty) Ltd	011 208 1000	011 803 7847	admin@universal.co.za	Private Bag X49 Rivonia, 2128	www.compcarewellness.co.za
General Hospital queries	Universal Care (Pty) Ltd	General enquiries 011 208 1100	086 295 7355	General enquiries: admin@universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
Hospital pre-authorisation		Preauthorisation 0860 111 090	086 295 7355	Preauthorisation: preauthorisation@ universal.co.za		www.universal.co.za
Hospital account queries		011 208 1100	086 295 7356	Hospital account queries: hospitalaccounts@ universal.co.za		www.universal.co.za
Disease Management	Universal Care (Pty) Ltd	011 208 1100 0860 111 900	086 295 7305	diseasemanagement@ universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
Maternity Management	Universal Care (Pty) Ltd	011 208 1100 0860 111 090	086 295 7355	admin@universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
HIV/AIDS Management	Universal Care (Pty) Ltd	011 208 1100 0860 111 900	086 295 7305	diseasemanagement@ universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
Oncology Management	Universal Care (Pty) Ltd	011 208 1100 0860 111 900	086 795 7307	oncology@universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
Trauma Expense Recovery (MVA)	Universal Care (Pty) Ltd	011 208 1100	086 576 8702	trauma@universal.co.za	PO Box 1411 Rivonia 2128	www.universal.co.za
Universal 360º	Universal 360º	086 155 LIVE (5483)	086 504 1545	360@universal.co.za	PO Box 1411 Rivonia 2128	www.universal360.co.za
Chronic Medication pre-authorisation and queries	Mediscor	Chroniline 0860 119 553 Helpdesk 0860 113 238	0866 151 509 012 647 8001	preauth@mediscor.co.za Mediscor@mediscor.co.za	PO Box 8796 Centurion South Africa 0046	www.mediscor.net
Diabetic Management	The Centre for Diabetes and Endocrinology	011 712 6000	086 560 5182		PO Box 2900 Saxonwold 2132	www.cdecentr.co.za
Chronic Medicine Dispensing	Chronic Medicine Dispensary	0860 633 420	011 388 1630	help@chronicmedicine.com	Postnet Suite # 128 Private Bag X65 Halfway House 1685	www.chronicmedicine.com

2012 Product Overview

The Pinnacle option offers comprehensive cover for the discerning achiever, with exceptional hospital and superior day-to-day benefits comprising a combination of savings account, traditional risk cover and very competitive above threshold benefits.

The Dynamix option is an attractive new generation plan and offers comprehensive private hospital cover, a savings account and traditional risk benefits with above threshold benefits for day-to-day healthcare expenses.

The Symmetry option provides unlimited cover in a private hospital of your choice, and comprehensive day-to-day benefits comprising of a medical savings account and traditional risk cover, for complete peace of mind.

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.

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

The NetworX option is an affordable healthcare plan with exceptional value for students and low income employees in the corporate sector, and offers essential cover within the Universal Healthcare Provider Network.

The Pinnacle Option

YOU CAN LOOK FORWARD TO EXCEPTIONAL VALUE AND BENEFITS FROM PINNACLE IN 2012

- You receive **day-to-day benefits** of up to R40 319 per family per annum
- We offer a benefit for **oral contraceptives from risk**
- You can select a **medical service provider of your choice**, without being locked into a restricted network
- Your specialist **will be paid at 200% of the Agreed Tariff (in-and-out of hospital)**
- We offer **unlimited oncology benefits** for peace of mind
- We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- We provide cover for **72 chronic conditions**
- 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!**

The Pinnacle option offers comprehensive cover for the discerning achiever, with exceptional hospital and superior day-to-day benefits comprising a combination of savings account, traditional risk cover and very competitive above threshold benefits.

Annual Medical Savings and Annual Flexi Benefit for day-to-day expenses

P = R10 561
P + A = R 18 782
P + A + C = R21 721
P + A + 2C = R24 660
P + A + 3C = R27 599

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

Day-to-day benefits

Day-to-day claims are paid at 100% of the Agreed Tariff (AT), from the annual Medical Savings Account (MSA) - 20% of annual contributions. Once the savings have been depleted, claims are payable from the Annual Flexi Benefit (AFB) - 5% of annual contributions, where after the member is liable for the Self Payment Gap (SPG). During this period claims will accumulate to the threshold level at the Agreed Tariff, without the member being refunded. Once the threshold level is reached, the member will qualify for an above threshold benefit of R6 360 p/b, and R12 720 p/f, with specified sub-limits.

On all income categories	Medical Savings Account	Annual Flexi Benefit	Total day-to-day benefit
Member	R8 448	R2 113	R10 561
Adult dependant	R6 576	R1 645	R8 221
Child dependant	R2 352	R587	R2 939

Day-to-day services payable from the MSA, AFB, SPG and above threshold benefit (where applicable)*

BENEFITS (accumulates to the threshold level, unless otherwise specified)	LIMITS	Above threshold benefit
GP consultations	Initially paid from MSA, AFB and SPG	Unlimited (not subject to the above threshold benefit)
Specialist consultations	200% AT Initially paid from MSA, AFB and SPG	*R3 180 p/f
Acute medicine (25% co-payment on all medicine without a generic equivalent – member has the option to have this paid from available medical savings account without accumulation to the threshold)	Subject to formulary and MRP Initially paid from MSA, AFB and SPG	*R2 650 p/f
Basic radiology and pathology	Initially paid from MSA, AFB and SPG	*R3 180 p/f (combined limit for radiology and pathology)
Basic dentistry	Initially paid from MSA, AFB and SPG	Unlimited (not subject to the above threshold benefit)
Auxiliary services	Paid from MSA and AFB and SPG Collective limit of R5 300 p/f	*R2 120 p/f for physiotherapy and bio kinetics

Day-to-day services paid from MSA and AFB

BENEFITS (accumulates to the threshold level, unless otherwise specified)	LIMITS
Over the counter medicine (including schedule 0,1 and 2 medicines) and homeopathic medicines	Paid from MSA and AFB, subject to formulary and MRP, limited to R750 p/b and R1 060 p/f (limited to one script per day and a maximum of R160 per event) - **does not accumulate to the above threshold level**
Specialised dentistry	Paid from MSA and AFB, limited to R10 600 p/b, subject to protocols
Optometry Visit Lenses, frames and contact lenses	Paid from MSA and AFB 2 p/b Limited to R3 180 p/b per annum, subject to protocols Frame sub-limit included in lens limit R1 600 p/b per annum
Clinical psychologist	Paid from MSA and AFB, limited to R 3 500 p/f, subject to protocols
Psychiatry	Paid from MSA and AFB, limited to R11 660 p/f, subject to protocols
Home oxygen ventilation	Paid from MSA and AFB, subject to pre-authorisation, PMBs and protocols
Private nursing at home	100% GWR, paid from MSA and AFB, limited to 60 days, subject to protocols and pre-authorisation
Ante-natal classes	Paid from MSA and AFB, limited to R950, subject to protocols
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	Paid from MSA and AFB

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

BENEFITS	LIMITS
Surgical & medical appliances	100% of cost, R47 700 p/f, sub-limits apply – refer to the 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 Pinnacle option offers extensive cover for **72 chronic conditions**, including the 26 Chronic Disease List (CDL) conditions and additional 46 non-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 standard formulary and Mediscor Reference Pricing (MRP). A 25% co-payment is payable for the voluntary use of non-formulary or non-generic medicines.

Registered CDL chronic medication is unlimited. Non-CDL chronic medication is paid from the MSA, AFB and Self Payment Gap, limited to R8 480 p/b and R12 720 p/f. An above threshold benefit of R3 180 p/f is available (only if the limit mentioned above has not been exceeded), subject to the overall above threshold limit.

Insulin dependent members may join the **diabetes programme** with our preferred provider Centre for Diabetes and Endocrinology (CDE).

In-hospital benefits

BENEFITS	LIMITS
Overall Annual Limit (subject to pre-authorisation)	Unlimited Co-payments are payable for certain elective procedures Co-payments may be paid from the MSA with no accumulation to the threshold
TTO medication (take home medication)	Limited to 7 days supply
GP and specialist costs: • GPs • Specialists	Unlimited, 100% of AT 200% of AT
Surgical prostheses and electronic nuclear devices	Limits per category, sub-limits apply, subject to pre-authorisation and protocols, refer to website for details
Radiology and pathology	100% of AT, unlimited
MRI, CT scans/PET scans (combined in-and-out-of-hospital benefit)	100% of AT, unlimited First R2 000 paid from MSA (with accumulation to the threshold), pre-authorisation required
Physiotherapy in hospital	100% of AT, unlimited
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP
Sport injuries	100% of AT, including professional sport
Emergency room/casualty	100% of AT for emergency medical treatment for injuries resulting from accidents or trauma

Alternatives to hospitalisation

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

Prescribed Minimum Benefits (PMBs)

- Subject to **Scheme protocols**
- Hospitalisation – **100% of 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% of 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, joint replacements (arthroplasty), conservative back and neck treatment (spinal cord injections), laminectomy and spinal fusion, Nissen fundoplication (reflux surgery), hysterectomy (except for cancer)

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

Contribution table

	Principal	Adult	Child
Risk	R2 818	R2 194	R782
Medical Savings Account	R704	R548	R196
Total contribution	R3 522	R2 742	R978
Annual day-to-day benefits before threshold (MSA and AFB)	R10 561	R8 221	R2 939
Annual Self Payment Gap	R1 218	R963	R311
Threshold	R11 779	R9 184	R3 250

Glossary

PMB	-	Prescribed Minimum Benefit	AFB	-	Annual Flexi Benefit
MSA	-	Medical Savings Account	SPG	-	Self Payment Gap
CDL	-	Chronic Disease List	P/B	-	Per beneficiary
P/F	-	Per family	AT	-	Agreed Tariff
MRP	-	Mediscor Reference Pricing	CDE	-	Centre for Diabetes and Endichronology
TTO	-	To Take Out i.e. medicines taken out of hospital when discharged	DSP	-	Designated Service Provider
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.

The Dynamix Option

YOU CAN LOOK FORWARD TO EXCELLENT VALUE AND ATTRACTIVE BENEFITS FROM DYNAMIX IN 2012

- You receive **day-to-day benefits** of up to R25 191 per family per annum
- You can select a **medical service provider of your choice**, without being locked into a restricted network
- **Above threshold benefits** when you need additional day-to-day healthcare cover
- You receive **unlimited general practitioner consultations**
- You receive **unlimited basic dentistry**, with competitive specialised dentistry benefits
- We cover chronic medicine for **62 chronic conditions**
- We offer **unlimited oncology benefits** for peace of mind
- We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- 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!**

The Dynamix option is an attractive new generation plan, which offers comprehensive private hospital cover, a savings account and traditional risk benefits with above threshold benefits for day-to-day healthcare expenses.

Annual Medical Savings and Annual Flexi Benefit for day-to-day expenses

P = R6 367
P + A = R11 341
P + A + C = R13 131
P + A + 2C = R14 921
P + A + 3C = R16 711

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

Day-to-day benefits

Day-to-day claims are paid at 100% of the Agreed Tariff (AT) from the annual Medical Savings Account (MSA) - 15% of annual contributions. Once the savings have been depleted, claims are payable from the Annual Flexi Benefit (AFB) - 5% of annual contributions, whereafter the member is liable for the Self Payment Gap (SPG). During this period claims will accumulate to the threshold level at the Agreed Tariff, without the member being refunded. Once the threshold level is reached, the member will qualify for an above threshold benefit of R4 240 p/b, and R8 480 p/f, with specified sub-limits.

	Medical Savings Account	Annual Flexi Benefit	Total day-to-day benefit
Member	R4 776	R1 591	R6 367
Adult dependant	R3 720	R1 242	R4 962
Child dependant	R1 344	R446	R1 790

Day-to-day services payable from the MSA, AFB, SPG and above threshold benefit where applicable*

BENEFITS (accumulates to the threshold level, unless otherwise specified)	LIMITS	Above threshold benefit
GP consultations	Initially paid from MSA, AFB and SPG	Unlimited (not subject to the above threshold benefit)
Specialist consultations	Initially paid from MSA, AFB and SPG	*R2 750 p/f
Acute medicine (25% co-payment on all medicine without a generic equivalent – member has the option to have this paid from available medical savings account without accumulation to the threshold)	Subject to formulary and MRP Initially paid from MSA, AFB and SPG	*R2 120 p/f
Basic radiology and pathology	Initially paid from MSA, AFB and SPG	*R2 120 p/f (combined limit for radiology and pathology)
Basic dentistry	Initially paid from MSA, AFB and SPG	Unlimited (not subject to the above threshold benefit)
Auxiliary services	Paid from MSA, AFB and SPG Collective limit of R3 700 p/f	*R1 375 p/f for physiotherapy and bio kinetics

Day-to-day services paid from the MSA and AFB

BENEFITS (accumulates to the threshold level, unless otherwise specified)	LIMITS
Over the counter medicine (including schedule 0,1 and 2 medicines) and homeopathic medicines	Paid from MSA and AFB, subject to formulary and MRP, limited to R650 p/b and R950 p/f (limited to one script per day and a maximum of R150 per event) **Does not accumulate to the above threshold level**
Specialised dentistry	Paid from MSA and AFB, limited to R8 000 p/b and R11 130 p/f, subject to protocols
Optometry Visit Lenses, frames and contact lenses	Paid from MSA and AFB 2 p/b per annum Limited to R2 550 p/b per annum (subject to protocols) Frame sub-limit included in lens limit R1 060 p/b per annum
Clinical psychologist	Paid from MSA and AFB, limited to R1 600 p/f, (subject to protocols)
Psychiatry	Paid from MSA and AFB, limited to R6 900 p/f, (subject to protocols)
Home oxygen ventilation	Paid from MSA and AFB, subject to pre-authorisation, PMBs and protocols
Private nursing at home	Paid from MSA and AFB, limited to 40 days, subject to protocols and pre-authorisation
Ante-natal classes	Paid from MSA and AFB, limited to R850, subject to protocols
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	Paid from MSA and AFB

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

BENEFITS	LIMITS
Surgical & medical appliances	100% of cost, limited to R14 840 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 Dynamix option offers extensive cover for **62 chronic conditions**, including the 26 Chronic Disease List (CDL) conditions and additional 36 non-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 standard formulary and Mediscor Reference Pricing. **A 25% co-payment is payable** for the voluntary use of non-formulary or non-generic medicines.

All CDL chronic medication is unlimited. Non-CDL chronic medication is paid from the MSA, AFB and Self Payment Gap, limited to R6 360 p/b and R10 600 p/f. An above threshold benefit of R2 120 p/f is available, only if the limit mentioned above has not been exceeded, subject to the overall above threshold limit.

Insulin dependent members may join the **diabetes programme** with our preferred provider, Centre for Diabetes and Endocrinology (CDE).

In-hospital benefits

BENEFITS	LIMITS
Overall Annual Limit	Unlimited, subject to pre-authorisation Co-payments are payable for certain elective procedures Co-payments may be paid from the MSA with no accumulation to the threshold
TTO medication (take home medication)	Limited to 7 days supply
GP and specialist costs	100% of AT, unlimited
Surgical prostheses and electronic nuclear devices	Limits per category, sub-limits apply, subject to pre-authorisation and protocols
Radiology and pathology	100% of AT, unlimited
MRI, CT scans/PET scans (combined in-and-out-of-hospital benefit)	100% of AT, unlimited First R2 000 paid from the MSA, (with accumulation to the threshold), pre-authorisation required
Physiotherapy in hospital	100% of AT, unlimited
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP
Sport injuries	100% of AT, including professional sport
Emergency room/casualty	100% of AT for emergency medical treatment for injuries resulting from accidents or trauma

Alternatives to hospitalisation

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

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 in 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, joint replacements (arthroplasty), conservative back and neck treatment (spinal cord injections), laminectomy and spinal fusion, Nissen fundoplication (reflux surgery), hysterectomy (except for cancer)

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

Contribution table

	Principal	Adult	Child
Medical Savings Account	R398	R310	R112
Risk	R2 254	R1 760	R632
Total contribution	R2 652	R2 070	R744
Annual day-to-day benefits before threshold (MSA and AFB)	R6 367	R4 974	R1 790
Annual Self Payment Gap	R2 721	R2 117	R754
Threshold	R9 088	R7 091	R2 544

Glossary

PMB	-	Prescribed Minimum Benefit	P/F	-	Per family
MSA	-	Medical Savings Account	AT	-	Agreed Tariff
SPG	-	Self Payment Gap	MRP	-	Mediscor Reference Pricing
CDL	-	Chronic Disease List	CDE	-	Centre for Diabetes and Endocrinology
P/B	-	Per beneficiary	AFB	-	Annual Flexi Benefit
TTO	-	To Take Out i.e. medicines taken out of hospital when discharged	DSP	-	Designated Service Provider
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.

The Symmetry Option

YOU CAN LOOK FORWARD TO EXCEPTIONAL VALUE AND BENEFITS FROM SYMMETRY IN 2012

- You receive **day-to-day benefits** in excess of R13 674 per family per annum
- You receive **unlimited general practitioner consultations**
- We provide **unlimited cover for basic dentistry**
- You can select a **medical service provider of your choice**, without being locked into a restricted network
- You receive a separate **chronic medicine benefit** for 46 chronic conditions, which is paid from risk
- We offer **unlimited oncology benefits** for peace of mind
- We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- 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!**

The Symmetry option provides unlimited cover in a private hospital of your choice and comprehensive day-to-day benefits comprising of a medical savings account and traditional risk cover for complete peace of mind.

Annual Medical Savings and Annual Flexi Benefit for day-to-day medical expenses

P = R5 830
P + A = R9 540
P + A + C = R10 918
P + A + 2C = R12 296
P + A + 3C = R13 674

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

Day-to-day benefits

Day-to-day claims are paid at 100% of the Agreed Tariff (AT) from the Medical Savings Account (MSA) and the Annual Flexi Benefit (AFB). Once the MSA have been depleted, claims are payable from the AFB, where after certain benefits are unlimited for the remainder of the year, e.g. GP consultations and basic dentistry.

On all income categories	Medical Savings Account	Annual Flexi Benefit	Total day-to-day benefit
Member	R2 916	R2 914	R5 830
Adult dependant	R1 860	R1 850	R3 710
Child dependant	R684	R694	R1 378

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	Initially paid from the MSA and AFB, thereafter unlimited
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 Mediscor Reference Pricing (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 R530 p/b and R850 p/f, (limited to one script per day and a maximum of R130 per event)
Basic radiology and 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 R5 340 p/b (subject to protocols)
Optometry Visit Lenses, frames and contact lenses	Initially paid from the MSA and AFB, thereafter the balance of the limit is available 1 p/b per annum Limited to R1 430 p/b per annum (subject to protocols) Frame sub-limit included in lens limit R750 p/b per annum
Auxiliary services	Paid from the MSA and AFB, collective limit of R2 120 p/b
Clinical psychologist	Paid from the MSA and AFB, limited to R1 375 p/f, subject to protocols
Psychiatry	Paid from the MSA and AFB, limited to R4 450 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 R700
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 & medical appliances	100% of cost, limited to R11 130 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 Symmetry option offers extensive cover for **46 chronic conditions**, including the 26 Chronic Disease List (CDL) conditions and additional 20 non-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 and non-CDL medication is limited to R3 180 p/b and R4 770 p/f, thereafter **CDL chronic medication is unlimited.**

In-hospital benefits

BENEFITS	LIMITS
Overall Annual Limit	Unlimited, subject to pre-authorisation Co-payments are payable for certain elective procedures
TTO medication (take home medication)	Limited to 7 days supply
GPs and specialists	100% of AT (Agreed Tariff), unlimited
Surgical prostheses and electronic nuclear devices	Limits per category, sub-limits apply, subject to pre-authorisation and protocols
Basic radiology	100% of AT, unlimited
Basic pathology	100% of AT, limited to R21 200 p/f
MRI, CT and PET scans (combined in-and-out of hospital benefit)	100% of AT, limited to R12 720 p/f
Physiotherapy in hospital	100% of AT, limited to R5 300 p/f
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP (Designated Service Provider)
Sport injuries	100% of AT, including professional sport
Emergency room/casualty	100% of AT for emergency medical treatment for injuries resulting from accidents or trauma

Alternatives to hospitalisation

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

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 R4000 co-payment:
Joint replacements (arthroplasty), laminectomy and spinal fusion and Nissen fundoplication (reflux surgery)

The following treatment requires a R2000 co-payment:
Hysterectomy (except for cancer)

Contribution table

Principal	Adult	Child
R2 106	R1 638	R594

Glossary

PMB	-	Prescribed Minimum Benefit	P/B	-	Per beneficiary
AFB	-	Annual Flexi Benefit	P/F	-	Per family
CDL	-	Chronic Disease List	AT	-	Agreed Tariff
MSA	-	Medical Savings Account	DSP	-	Designated Service Provider
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.

The Mumed Option

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

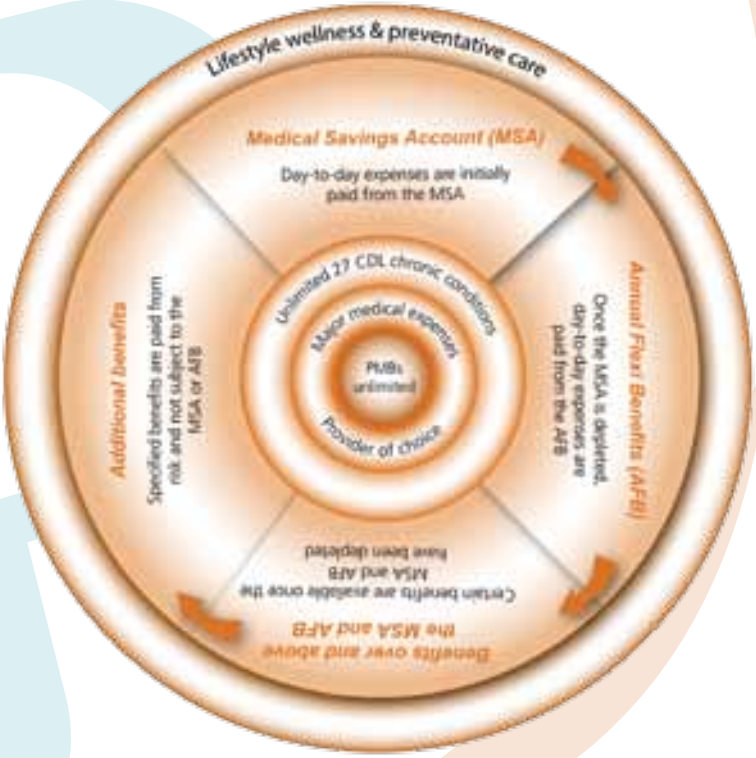
- Day-to-day **benefits of up to R10 450 per family** per annum
- You receive **unlimited cover for basic dentistry**
- We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- You receive **cover for 27 chronic conditions**
- We offer 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!**

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			

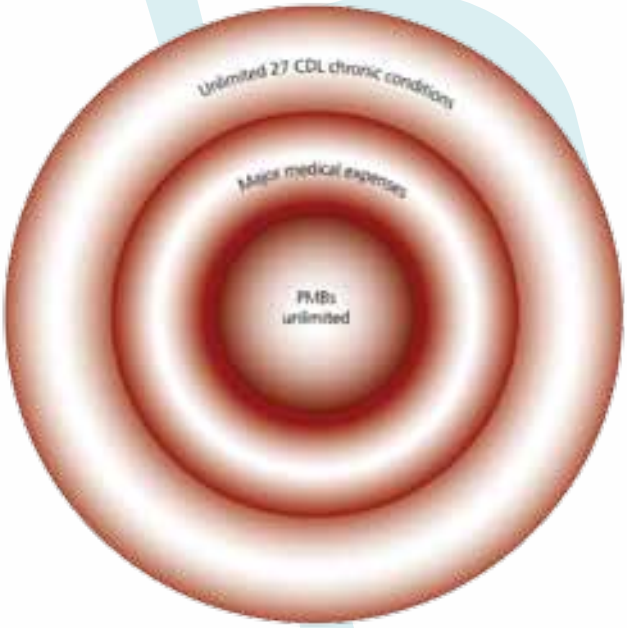
This brochure is a summary of the benefits of CompCare Wellness Medical Scheme. A copy of the current rules may be obtained from the administrator, if so required. The rules of the Scheme will always take precedence over this summary.

The Axis Option

YOU CAN LOOK FORWARD TO THE BENEFITS THAT YOU NEED WITH AXIS IN 2012

- You receive **unlimited cover in private hospitals**
- We offer a **post-operative rehabilitation benefit**
- **Unlimited oncology benefits** for complete peace of mind
- We provide **cover for professional sportsmen and women**, for injuries relating to participation in professional sport
- You are **covered for 27 chronic conditions**
- You pay only for the first three child dependants – **the rest are free!**

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



Day-to-day benefits

The Axis option is a hospital plan that only covers Prescribed Minimum Benefit (PMB) conditions. The member is liable for all day-to-day expenses incurred.

BENEFITS	LIMITS
PMB related	Unlimited
Post operative rehabilitation benefit for physiotherapy, occupational therapy and biokinetics	Limited to R2 300 for 14 days, PMBs only

In-hospital cover

BENEFITS	LIMITS
Overall Annual Limit (OAL)	Unlimited, subject to pre-authorisation Co-payments are payable for certain elective procedures
Private hospitals and nursing homes	100% of Agreed Tariff (AT), unlimited, subject to pre-authorisation
Ward fees: General; High Care; Intensive Care	100% of AT, unlimited
Theatre fees	100% of AT, unlimited
TTO medication (take home medication)	Limited to 7 days supply
GPs and specialists	100% of AT, unlimited
Surgical prostheses and Electronic nuclear devices	100% of AT, limits per category, sub-limits apply, subject to pre-authorisation, PMBs and protocols
Surgical procedures including maxillo-facial surgery	100% of AT Maxillo-facial surgery subject to PMB's
Clinical technologist	100% of AT, unlimited
Radiology	100% of AT, unlimited
Pathology	100% of AT, limited to R21 200 p/f
MRI, CT scans/PET scans (Combined in-and-out-of hospital benefit)	100% of AT, limited to R12 720 p/f, pre-authorisation required
Confinements • Normal birth • Caesarean section	100% of AT, unlimited, subject to pre-authorisation and registration on the maternity programme 3 days 4 days
Blood transfusions	100% of AT, unlimited (preferred provider)
Physiotherapy in hospital	100% of AT, limited to R5 300 p/f
Mental health: Psychiatric hospitalisation	100% of AT, limited to 21 days per family, subject to pre-authorisation, protocols, PMBs and Designated Service Provider (DSP)
Alcoholism, drug dependence and narcotism	100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	100% of AT, PMBs only, subject to pre-authorisation, protocols, and DSP
Sport injuries	100% of AT, including professional sport
Emergency room/casualty	100% of AT for emergency medical conditions and injuries resulting from accidents or trauma
Wellness, lifestyle and preventative care	Flu vaccinations limited to R70 for 1 dose p/b per annum

Alternatives to hospitalisation

BENEFITS	LIMITS
Step-down nursing facilities, Hospice and rehabilitation	100% of AT/General Ward Rate (GWR), unlimited, subject to pre-authorisation and protocols
Terminal care	100% of AT, subject to pre-authorisation, PMB and protocols Comfort care, pain relief and hydration
Surgical procedures out of hospital	100% AT, unlimited, subject to pre-authorisation and protocols
Oncology, including chemotherapy and radiology	100% of AT, unlimited, subject to pre-authorisation, protocols, and DSP
Biological agents	100% of AT, subject to pre-authorisations and protocols, limited to R100 000 per family with a 25% co-payment

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

Cover for chronic conditions

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

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. Registered CDL chronic medication is unlimited.

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

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 R4000 co-payment:
Hysterectomy (except for cancer)

Contribution table

	Principal	Adult	Child
Axis	R1 146	R1 146	R354

Glossary

PMB	-	Prescribed Minimum Benefit	P/F	-	Per family
CDL	-	Chronic Disease List	AT	-	Agreed Tariff
P/B	-	Per beneficiary	DSP	-	Designated Service Provider
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.

The NetworX Option

YOU CAN LOOK FORWARD TO EXCEPTIONAL VALUE AND BENEFITS FROM NETWORX IN 2012

- **We cover all your clinically necessary, essential day-to-day primary healthcare benefits** e.g. unlimited GP visits, acute and chronic medication, basic radiology and basic pathology
- You receive **basic dentistry and optometry benefits**
- We offer cover for **27 chronic conditions**
- You have access to **wellness benefits** including preventative screening for blood pressure, glucose, cholesterol, BMI and waist circumference as well as flu vaccinations
- You pay only for the first three child dependants – **the rest are free!**

The NetworX option is an affordable healthcare plan with exceptional value for students and low income employees in the corporate sector, offering essential cover within the Universal Healthcare Provider Network.

AFB limits

R2 120 p/b
R3 180 p/f

Day-to-day benefits

Day-to-day services are subject to the utilisation of the Universal Network Designated Service Providers (DSPs). Services rendered by DSPs will be paid at the Agreed Tariff up to specified limits. Some benefits are subject to the Annual Flexi Benefit (AFB). The AFB will be pro-rated if you join later during the year.

Day-to-day services paid from the AFB

BENEFITS	LIMITS
Specialists	100% of Agreed Tariff (AT), paid from the AFB 2 visits per beneficiary, max 3 per family per annum. Two additional ante-natal visits per pregnancy. Specialist visits are subject to referral by a DSP network GP, and pre-authorisation of each specialist visit. Referrals limited to specialists located at DSP network hospitals only
Basic dentistry	100% of AT, paid from the AFB 1 consultation per beneficiary per annum. Preventative care, infection control, fillings, extractions and dental x-rays, subject to protocols and list of applicable dental codes. No benefit for out-of-network dental visits/procedures except for PMB emergencies
Specialised dentistry	100% of AT No benefit unless PMB, subject to protocols
Optometry	100% of AT, paid from the AFB Test – 1 p/b every second year Lenses, frames and contact lenses – clear plastic single vision (limited to R640) or bi-focal lenses (limited to R800) every second year. No benefit for contact lenses, limited to a range of frames within DSP network
Hospital emergency room/casualty emergency visits (not requiring admissions excluding facility fees)	100% of AT, paid from the AFB
GP consultations	100% of AT, unlimited, subject to clinical necessity. Each beneficiary must select a contracted Universal Provider Network GP for day-to-day care. Two out-of-area visits per beneficiary per annum are available Member required to pay the out-of-area provider in cash and claim back. Reimbursement at 80% of the cost of the claim to a maximum of R800 per event (i.e. for the GP consultation and all related costs)
Acute medication	100% of AT, unlimited if prescribed by a DSP network GP, or by a specialist provided the member was referred by a DSP network GP. Subject to formulary. No cover for non-formulary medicines unless otherwise pre-authorised. No cover in cases of voluntary use of non-DSPs, or voluntary use of a specialist without referral by a DSP network GP
Specialised radiology including MRI, CT and PET scans	PMBs only, subject to pre-authorisation and case management within a DSP network
Basic radiology	100% of AT Unlimited when clinically appropriate within a DSP network and subject to referral by a DSP network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a network provider, or by a specialist following referral by a DSP network GP (except when involuntary)
Basic pathology	100% of AT Unlimited when clinically appropriate within a DSP network and subject to referral by a DSP network GP. Limited to list of codes. Subject to case management. No benefit if not referred by a network provider, or by a specialist following referral by a DSP network GP (except when involuntary)
Auxiliary services	No benefit unless PMB, PMB rules apply, subject to protocols
Clinical psychologist	No benefit unless PMB, PMB rules apply, subject to protocols
Psychiatry	No benefit unless PMB, PMB rules apply, subject to protocols
Surgical and medical appliances	No benefit unless PMB, PMB rules apply, subject to protocols. No benefit for hearing aids

Wellness, lifestyle and preventative care benefits paid from risk

BENEFIT	LIMITS
Vaccinations	
Flu vaccine	1 per year p/b, limited to R70
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 21 years, limited to R100 p/b at DSP

Other benefits

BENEFITS	LIMITS
Emergency road-side assistance and ambulance transportation	Unlimited Preferred provider

Exclusions

The following in-hospital procedures are not covered on the NetworX option, unless it is a PMB:

Dentistry, back and neck surgery, hip and knee replacement, cochlear implants, auditory brain implants and internal nerve stimulators, Nissen fundoplication (reflux surgery), treatment for obesity, skin disorders and functional nasal problems, elective caesarean section, refractive eye surgery, brachytherapy for prostate cancer, fibroadenosis.

In-hospital benefits

BENEFITS	LIMITS
Overall Annual Limit (OAL)	PMBs unlimited Non-PMBs limited to R270 000 p/b and R550 000 p/f
Private hospitals and nursing homes	100% of AT, subject to OAL, pre-authorisation and private network of hospitals
TTO medication (take home medication)	Limited to 7 days supply, subject to OAL
GP and specialist costs	100% of AT, subject to OAL
Surgical prostheses and electronic nuclear devices	PMBs Subject to pre-authorisation and protocols and OAL
Radiology and pathology	100% of AT, subject to OAL
MRI, CT scans/PET scans	100% of AT, subject to OAL, pre-authorisation required
Physiotherapy in hospital	100% of AT, subject to OAL
Organ transplants, renal dialysis (includes transportation of the organ, surgically related procedures, professional fees and services, as well as immunosuppressant drugs)	100% of AT, subject to OAL, PMBs only, subject to pre-authorisation, protocols, and DSP
Sport injuries	100% of AT, subject to OAL, including professional sport
Emergency room/casualty	100% of AT, subject to OAL, for emergency medical conditions and injuries resulting from accidents or trauma

Alternatives to hospitalisation

The NetworX 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

Cover for chronic conditions

The NetworX option offers extensive **cover for 27 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 Universal Care formulary and Formulary Reference Price (FRP). Chronic medication is unlimited, only if prescribed by a DSP network provider and dispensed within a network pharmacy or dispensing DSP doctor. Any voluntary use of chronic medicine prescribed by out-of-network providers and any non-formulary medicines are for the member's own account, unless pre-authorised by the medical advisor. PMB rules apply.

Contribution table

Salary (Rand)	Principal	Adult	Child
0 – 500	R318	R318	R174
501 – 3 150	R420	R420	R246
3 151 – 5 250	R540	R540	R318
5 251 – 7 850	R708	R708	R408
7 851+	R1 572	R1 572	R564

Glossary

AT	-	Agreed Tariff	PMB	-	Prescribed Minimum Benefit
AFB	-	Annual Flexi Benefit	CDL	-	Chronic Disease List
P/B	-	Per beneficiary	P/F	-	Per family
DSP	-	Designated Service Provider	FRP	-	Formulary Reference Price

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.

Comparative Benefit Summary

BENEFIT	Pinnacle	Dynamix	Symmetry
In Hospital			
Private Hospitals	Yes	Yes	Yes
Limits	Unlimited	Unlimited	Unlimited
Specialists rate (AT = Agreed tariff)	200% AT	100% AT	100% AT
Specialised Radiology including MRI, CT and PET Scans	100 % AT Unlimited - first R2 000 subject to MSA/AFB/SPG. Accumulate to threshold	100% AT Unlimited - first R2 000 subject to MSA/AFB/SPG. Accumulate to threshold	100% AT limited to R12 720 p/f
Basic Radiology	100% AT Unlimited	100% AT Unlimited	100% AT Unlimited
Basic Pathology	100% AT Unlimited	100% AT Unlimited	100% AT limited to R21 200 p/f
Co-Payments	As per list, can select to pay it from available MSA with no accumulation to threshold	As per list, can select to pay it from available MSA with no accumulation to threshold	As per list
Oncology	Unlimited subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only
Day to day benefits			
Description	Claims are initially paid from the annual Medical Savings Account (20% of contributions). Once savings become exhausted claims are paid from an Annual Flexi Benefit (AFB) equal to 5% of contributions, where after the member is liable for the Self Payment Gap. During this period claims will accumulate to the Threshold Level at the Agreed Tariff (AT). Once the Threshold Level is reached, specific above threshold benefits will be available up to an overall above threshold limit of R6 360 p/b and R12 720 p/f, with sub-limits	Claims are paid at 100% of the AT, from the annual Medical Savings Account (15% of contributions). Once savings become exhausted claims are paid from an Annual Flexi Benefit (AFB) equal to 5% of contributions, where after the member is liable for the Self Payment Gap. During this period claims will accumulate to the Threshold Level at the Agreed Tariff (AT). Once the Threshold Level is reached, specific above threshold benefits will be available up to a limit of R4 240 p/b and R8 480 p/f, with sub-limits	Claims are initially paid from the Medical Savings Account (MSA), thereafter claims are paid from an Annual Flexi benefit (AFB). Once the AFB is exhausted certain additional benefits are available MSA: P: R 2 916 A: R1 860 C: R684 AFB limit: P: R2 914 A: R1 850 C: R694
Chronic medicines	Subject to the Mediscor Standard formulary, MRP applies. Covers 72 Conditions (26 CDL and 46 Non-CDL). Unlimited for 26 CDL conditions. Non-CDL Chronic medication is paid from the MSA, AFB and the Self Payment Gap - limited to R8 480 p/b and R12 720 p/f. Above threshold benefits are limited to R3 180 p/f, subject to the overall above threshold limit. Insulin dependant patients can join diabetes program with preferred provider CDE. 25% co-payment for voluntary use of non-formulary or non generic medicines. Have the choice to pay co-payments from available MSA with no accumulation to threshold	Subject to the Mediscor Standard formulary, MRP applies. Covers 61 Conditions (26 CDL and 36 Non-CDL). Unlimited for 26 CDL conditions. Non-CDL Chronic medication is paid from the MSA, AFB, and Self Payment Gap - limited to R6 360 p/b and R10 600 p/f. Above threshold benefits are limited to R2 120 p/f, subject to the overall above threshold limit. Insulin dependant patients can join diabetes program with preferred provider CDE. 25% co-payment for voluntary use of non-formulary or non-generic medicines. Have the choice to pay these co-payments from available savings with no accumulation to threshold	Subject to the Mediscor Basic formulary, MRP applies. Covers 46 Conditions (26 CDL and 20 Non-CDL). R3 180 p/b and R4 770 p/f for CDL and non-CDL chronic medication. Once the benefit is depleted, CDL medicines are unlimited. Not subject to MSA or AFB. 25% co-payment for voluntary use of non-formulary or non-generic medicines
Other prescribed medicines/Acute medicines 25% co-payment on all non-generic medicines	Initially paid from the member's MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 650 p/f is available, subject to the overall above threshold limit	Initially paid from the member's MSA, AFB and Self Payment Gap, thereafter an above threshold limit of R2 120 p/f is available, subject to overall above threshold limit	Paid from family MSA and AFB
GP Visits	Subject to MSA, AFB and Self Payment Gap thereafter unlimited. Paid at 100% AT	Subject to MSA, AFB and Self Payment Gap thereafter unlimited. Paid at 100% AT	Initially paid from family MSA and AFB, thereafter unlimited. Paid at 100% AT. Unlimited consultations excludes any room procedures and materials
Specialist	200% AT. Initially paid from MSA, AFB, Self Payment Gap, thereafter an above threshold benefit of R3 180 p/f subject to overall above threshold benefit	100% AT. Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 750 p/f subject to overall above threshold benefit	100% AT. Initially paid from family MSA, thereafter the AFB
Radiology and Pathology	Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R3 180 p/f, subject to overall above threshold benefit	Initially paid from MSA, AFB and Self Payment Gap, thereafter an above threshold benefit of R2 120 p/f, subject to overall above threshold benefit	100% AT. Initially paid from family MSA, thereafter the AFB
Conservative dentistry	100% AT. Paid from MSA, AFB and Self Payment Gap, thereafter unlimited	100% AT. Paid from MSA, AFB and Self Payment Gap, thereafter unlimited	100% AT. Initially paid from family MSA and AFB, thereafter unlimited
Specialised dentistry	100% AT. Paid from MSA and AFB limited to R10 600 p/b. No above threshold benefit	100% AT. Paid from MSA and AFB limited to R 8 000 p/b and R11 130 p/f including hospital and related costs. No above threshold benefit	100% AT. Paid from family MSA and AFB. Limited to R5 340 p/b, subject to scheme protocols
Optometry Consultation & Lenses	x2 Eye examinations p/b, paid from MSA and AFB. Lenses subject to MSA and AFB, limited to R3 180 p/b. No above threshold benefit	x2 Eye examinations p/b, paid from MSA and AFB. Lenses subject to MSA and AFB, limited to R2 550 p/b. No above threshold benefit	x1 Eye examination p/b. Initially paid from MSA and AFB, thereafter the balance of the limit applies - limited to R1 430 p/b
Optometry Frames	Max of R1 600 - 1 frame p/b per annum - included in lenses limit	Max of R1 060 - 1 frame p/b per annum - included in lenses limit	Max of R750 - 1 frame p/b per annum - included in lenses limit
Auxiliaries	Paid from MSA, AFB and Self Payment Gap - limited to R5 300 p/f thereafter an above threshold benefit of R2 120 p/f for physiotherapy and biokinetics, subject to overall above threshold benefit	Paid from MSA, AFB and Self Payment Gap - limited to R3 700 p/f thereafter an above threshold benefit of R1 375 p/f for physiotherapy and biokinetics, subject to overall above threshold benefit	100 % AT. Paid from MSA and AFB, limited to R2 120 p/b

Comparative Benefit Summary

BENEFIT	Mumed	Axis	NetworX
In Hospital			
Private Hospitals	Yes	Yes	Yes, within Network
Limits	R550 000 p/b R1 100 000 p/f	Unlimited	R270 000 p/b R550 000 p/f
Specialists rate (AT = Agreed tariff)	100% AT	100% AT	100% AT
Specialised Radiology including MRI, CT and PET Scans	100% AT limited to R11 000 p/f	100% AT limited to R12 720 p/f	100% AT subject to protocols and pre-auth, subject to AHL
Basic Radiology	100% AT limited to R22 000 p/f	100% AT Unlimited	100% AT subject to protocols and pre-auth, subject to AHL
Basic Pathology	100% AT limited to R16 500 p/f	100% AT limited to R21 200 p/f	100% AT subject to case management and protocols
Co-Payments	As per list	As per list	Exclusion List Applicable
Oncology	Limited to AHL subject to pre-auth and protocols. DSP only	Unlimited subject to pre-auth and protocols. DSP only	Subject to protocols. DSP only
Day to day benefits			
Description	Claims are initially paid from the Medical Savings Account (MSA), thereafter claims are paid from an Annual Flexi benefit (AFB). Once the AFB is exhausted certain additional benefits are available MSA: P: R 2 196 A: R1 380 C: R552 AFB limit: P: R2 204 A: R1 370 C: R548	PMB cover. Post operative rehabilitation benefits for physiotherapy, occupational therapy and biokinetics, limited to R2 300 for 14 days. Pre-authorisation, PMB's and protocols apply	If services are rendered by DSP Network providers, benefits will be paid at the Agreed Tariff (AT) up to specified limits. Some benefits are subject to an Annual Flex Benefit (AFB): R2 120 p/b, R3 180 p/f
Chronic medicines	Subject to the Mediscor Basic formulary, MRP applies. Covers 26 CDL conditions and 1 non-CDL condition. Unlimited and not subject to MSA or AFB. 25% co-payment for voluntary use of non-formulary on non-generic medicines	Subject to the Mediscor Core formulary, MRP applies. Covers 26 CDL conditions and 1 non-CDL condition. Unlimited. 25% Co-payment for voluntary use of non-formulary or non-generic medicines	Subject to the Universal Care formulary, FRP applies. 26 CDL conditions and 1 non-CDL condition. Unlimited only if prescribed by DSP network provider and dispensed within Network pharmacy or dispensing doctor. Voluntary use of chronic out of network as well as use of non-formulary medication will be for the member's own account
Other prescribed medicines/ Acute medicines 25% co-payment on all non-generic medicines	Paid from family MSA and AFB	No benefit	Unlimited if prescribed by a DSP network GP or by a specialist if the specialist was referred by a network DSP GP. No cover for non formulary medicine or out of network GP/Specialist
GP Visits	Initially paid from family MSA and AFB, thereafter balance of specified nr of visits available. Balance of visits after MSA and AFB are depleted excludes room procedures and materials. M: 6 visits, M + 1: 8 visits, M + 2: 10 visits, M + 3+: 11 visits	No benefit	Unlimited at a DSP network GP
Specialist	100% AT. Initially paid from family MSA, thereafter the AFB	No benefit	100% AT. 2 visits p/b, max 3 per annum. Two additional ante-natal visits per pregnancy. Subject to referral by DSP network GP. Pre-auth required for specialist consult. Subject to AFB
Radiology and Pathology	100% AT. Initially paid from family MSA, thereafter the AFB	No benefit	Unlimited (subject to specific codes) if referred by network DSP GP
Conservative dentistry	100% AT. Initially paid from family MSA and AFB, thereafter unlimited	No benefit	Paid from the AFB. One consult p/b per annum. Preventative care, infection control, fillings, extractions and dental x-rays. Subject to protocols
Specialised dentistry	100% AT. Paid from family MSA and AFB. Limited to R1 430 p/b, subject to scheme protocols	No benefit	No benefit unless PMB. Subject to protocols and AFB
Optometry Consultation & Lenses	x1 Eye examination p/b. Initially paid from MSA and AFB, limited to R1 100 p/b max R3 190 p/f	No benefit	1 visit p/b every second year. Subject to AFB. Clear plastic single vision (limited to R640) or bifocal lenses (limited to R800) every second year. No benefit for contact lenses. Subject to AFB
Optometry Frames	Max of R550 - 1 frame p/b per annum - included in lenses limit	No benefit	Limited to range of frames within DSP network. Subject to AFB
Auxiliaries	100% AT. Paid from MSA and AFB, limited to R1 375 p/b and R2 200 p/f	No benefit	No benefit unless PMB. Subject to protocols and AFB

This booklet 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.

1. Rules of the Scheme

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

2. Membership

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

2.1 Registration of dependants

A member may apply for the registration of his/her dependants at the time of applying for membership. The following persons can qualify as a dependant:

- A spouse or partner
- Dependant children under the age of 21
- Dependant children over the age of 21 but under the age of 25 and who are full time students at a recognised tertiary educational institution
- Immediate family for which the member is liable for family care and support (proof of legal duty required)
- Disabled/Mentally challenged children

2.2 Students and children older than 21 years

Children above the age of 21 years are regarded as adult dependants, unless they are studying full-time at a recognised secondary or educational institution. A member should submit annual proof of registration for their dependants who are still studying full-time at an educational institution. The dependant will be regarded as a child dependant.

A dependant child's membership status will change to adult dependant at the beginning of the month following the dependant's 21st birthday, if proof has not been received that he/she is not a full-time student at a recognised secondary or educational institution. This does not apply for disabled or mentally challenged dependants.

2.3 Waiting periods

Prospective members are required to disclose to the scheme, on the application form, details of any sickness or medical condition for which medical advice, diagnosis, care or treatment was recommended and/or received prior to the 12 month period ending on the date on which application for membership was made.

The scheme may impose upon a person in respect of whom an application is made for membership or admission as a dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 days preceding the date of application:

- a general waiting period of up to three months
- a condition-specific waiting period of up to 12 months
- a concurrent waiting period on PMB's

The scheme may impose upon any person in respect of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 months, terminating less than 90 days immediately prior to the date of application:

- a condition specific waiting period of up to 12 months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits
- a general waiting period of up to 3 months

2.4 Membership card

Every member shall be furnished with a membership card. This card must be exhibited to the supplier of a service on request. It remains the property of the scheme and must be returned to the scheme on termination of membership. Members will receive cards for each adult dependant registered. Members may apply for additional membership cards or replacement cards.

2.5 Change of address

A member must notify the scheme within 30 days of any change of address including his/her domicilium citandi et executandi (address at which legal proceedings may be instituted). The scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member neglecting to comply with the requirements of this rule.

2.6 Termination of membership

2.6.1 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.

2.6.2 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 3 months written notice. All rights to benefits cease after the last day of membership.

2.6.3 Deceased members

The dependants of a deceased member, who are registered with the scheme as his/her dependants at the time of such member's death, shall be entitled to continued membership of the scheme without any new restrictions, limitations or waiting periods.

Where a child dependant/s has been orphaned, the eldest child may be deemed to be the member, and any younger siblings, the child dependant/s.

2.7 Late joiner penalties

A "Late joiner" is an applicant or the adult dependant of an applicant who, at the date of application for membership or admission as a dependant, as the case may be, is thirty five years of age or older but excludes beneficiaries who enjoyed coverage with one or more medical schemes as from a date preceding 1 April 2001, without a break in coverage exceeding three consecutive months since 1 April 2001.
Premium penalties may be applied to a late joiner. Such 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 following formula shall be applied to determine the applicable penalty band:

A = B minus (35 + C) where:
A = number of years to determine appropriate penalty band
B = age of the late joiner at time of application
C = number of years of creditable coverage which can be demonstrated

Should a late joiner penalty already have been imposed and evidence of creditable coverage is produced thereafter, the penalty shall be recalculated and such revised penalty shall be applied from the time that such evidence was provided.

If an applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, he/she shall be entitled to produce a sworn affidavit declaring such detailed information and that reasonable efforts to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

3. Contributions payable

The total monthly contributions payable to the scheme by or in respect of a member are as stipulated in the contribution tables in the scheme rules. It shall be the responsibility of the member to notify the scheme of changes in income that may necessitate a change in contribution.

Contributions shall be due monthly in arrears or advance, as stipulated in the rules and payable by not later than the third day of each month. Where contributions or any other debt owing to the scheme have not been paid within three days of the due date, the scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default.

In the event that payments are brought up to date, and provided membership has not been cancelled, benefits shall be reinstated without any break in continuity subject to the right of the scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest on the arrear amount at the prime overdraft rate of the scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and any such benefit paid will be recovered by the scheme.

4. Members' portions

Members' portions arise when health care service providers are refunded in full by the scheme, but the member still has to cover the cost of a co-payment applicable to the particular benefit or where levies are imposed.

Members can refund the scheme by cheque/electronic payment, payroll deduction (if part of an employer group) or make use of the convenience of a debit order.

5. Benefits

5.1 Choosing a benefit option

Members are entitled to benefits during a financial year, as per the rules of the scheme and such benefits extend through the member to his/her registered dependants. A member must, on admission, elect to participate in any one of the available options, detailed in the rules of the scheme. If you are a member of an employer group, your choice may be limited to the options agreed on between you and your employer. If you join as an individual, you may choose any of the various options according to your needs and affordability.

5.2 Option changes

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

- The change may be made only with effect from 1 January of any financial 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-rating Benefits

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

6. How to claim

6.1 Electronic claims

Most suppliers i.e. Hospitals, Pharmacies and General Practitioners, etc. submit claims electronically and members do not have to submit such claims. It remains however the member's responsibility to ensure that the claim reaches the scheme within four months from treatment date and to check remittance advices for accuracy and validity of the supplier's claim.

6.2 Paper claims

Claims must be submitted within 4 months from date of service to:

Private Bag X49,
Rivonia,
2128

6.3 Payment of claims

Compcare Wellness has two payment runs per month (mid month and at month end) to suppliers and to members. Members can track the payment of their claims on the scheme's website (www.compcarewellness.co.za). Members will receive a monthly statement after each payment run containing details of all payments made to suppliers.

6.4 Specialists

A referral must be obtained from a General Practitioner for first time visits to Specialists, with the exception of services provided by an ophthalmologist or gynaecologist.

6.5 OTC (Over the counter Medicines)

Most options have a benefit available where a member can go directly to a pharmacy and have the pharmacist prescribe medication for minor ailments that do not necessarily require a GP consultation and will also alleviate a long wait in a doctors consulting room. Please consult your benefit guide for OTC rules and limits around this benefit. This benefit includes homeopathic medicines.

7. Exclusions

The following exclusions will apply to a member and/or his dependants unless that particular exclusion is covered under the statutory prescribed minimum benefits (PMB's).

7.1 All costs of whatsoever nature incurred for treatment of sickness conditions or injuries sustained by a member or a dependant and for which any other party is liable.

7.2 Professional fees and expenses incurred by healthcare professionals:
- After hours consultation according to members choice
- Appointments not honoured by beneficiaries
- Charges for interest by health care provider, if due to member negligence
- Costs incurred for insurance medical purposes
- Fees for medical reports and motivations by any service provider, unless required by Scheme
- Discretionary conditions and services with hospital admissions not authorised
- Telephonic consultations with healthcare providers
- Travelling expenses incurred by healthcare providers

7.3 Costs for services rendered by persons not registered with a recognised professional body constituted in terms of an Act of Parliament of the Republic of South Africa; or any institution, nursing home or similar institution except a state or provincial hospital not registered in terms of any law of the Republic of South Africa.

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

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

7.6 All costs for rehabilitation for any particular sickness or condition, except for PMB's.

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

7.8 Cosmetic procedure – see Scheme rules for more details

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

7.10 The treatment of artificial insemination of a person as defined in the Human Tissues Act, 7983 (Act 65 of 7983 except for PMB's.

7.11 In respect of infertility (PMB Code 902M), the following services are excluded:
- Assisted reproductive technology (ART) techniques including in-vitro fertilisation (IVF)
- Gamete intrafallopian tube transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Intracytoplasmic sperm injection (ICSI)

7.12 Circumcision and any contraceptive measures or devices will not be covered from the Hospital Benefit or Day-to-day Risk Benefits, but may be claimed from Savings where applicable/available.

7.13 Reversal of Vasectomies or tubal ligation (sterilisation).

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

7.15 Willfully self-inflicted injuries except for PMB's.

7.16 Attempted suicide that exceeds the Prescribed Minimum Benefit limits.

7.17 Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion.

7.18 Injuries resulting from narcotic or alcohol abuse, except for the PMB's.

7.19 Illegal behavior, negligence, or a breach of law.

7.20 All costs for such sickness conditions directly attributable to failure to carry out the instructions of a medical practitioner, subject to PMB's.

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

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

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

7.24 The utilisation of certain specialised technologies to perform a procedure, where an alternative, more cost effective method of performing the procedure is available e.g. endometrial ablation, brachytherapy and certain surgical endoscopic procedures such as hemi-colectomies, abdomino perinial resections and appendisectomies are excluded unless prior clinical motivation from the attending specialist practitioner is obtained more than 7 working days in advance, and subject to approval by the medical advisor of the medical scheme. If authorised a co-payment of R5 000 will be levied.

7.25 Alternative and / or complementary health services that are not supported by evidence based medicine are excluded – see the rules of the scheme for further details.

7.26 Certain conditions relating to educational and / or psychological performance and / or behaviour, except for the PMB's. See the rules of the scheme for further details.

7.27 Costs incurred for surrogate parenting.

8. Sub limits for surgical prosthesis, electronic and nuclear devices and surgical appliances (subject to PMB's, pre-authorisation and protocols and subject to the limit for these benefits on each option and subject to these benefits being covered on each option)

		PINNACLE	DYNAMIX	SYMMETRY	MUMED	AXIS	NETWORX
SURGICAL INTERNAL PROSTHESIS OVERALL LIMITS WITH SUB-LIMITS BELOW PER OPTION		R48 000	R40 000	R35 000	R30 000	R28 500	Subject to PMBs and Protocols and pre-authorisation
2.1 Coronary Artery stents(subject to overall limit)	Stents (max of 3) Medicated stents (max 3 stents)	Subject to overall annual limit and a limit of R11 000 per stent Subject to overall annual limit and a limit of R17 000 per stent	Subject to overall annual limit and a limit of R11 000 per stent Subject to overall annual limit and a limit of R17 000 per stent	Subject to overall annual limit and a limit of R11 000 per stent Subject to overall annual limit and a limit of R17 000 per stent	Subject to overall annual limit and a limit of R11 000 per stent Subject to overall annual limit and a limit of R17 000 per stent	Subject to overall annual limit and a limit of R11 000 per stent Subject to overall annual limit and a limit of R17 000 per stent	
2.2 AAA Stents (subject to overall limit)	Abdominal aortic aneurism stents	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	Subject to overall annual limit	
2.3 Heart valves etc (subject to overall limit)	Heart valves (Mitral etc)	R22 000	R22 000	R22 000	R22 000	R22 000	
2.4 Orthopedic prosthesis (subject to overall limit)	Hip prosthesis Knee prosthesis Shoulder prosthesis Spinal instrumentation (Per level, limited to 2 levels and one procedure per beneficiary per year) Spinal cages	Subject to overall annual limit R22 000 R11 000	Subject to overall annual limit R22 000 R11 000	Subject to overall annual limit R22 000 R11 000	Subject to overall annual limit R22 000 R11 000	Subject to overall annual limit R22 000 R11 000	
2.5 Other prosthesis (subject to overall limit)	Imported lenses Intraocular lenses (per eye) Normal bladder sling	R8 000 R5 000 R8 000	R8 000 R5 000 R8 000	R8 000 R5 000 R8 000	R8 000 R5 000 R8 000	R8 000 R5 000 R8 000	
2.6 Electronic and Nuclear devices (Subject to PMB's)	Defibrillator Single pace maker Dual pace maker Internal nerve stimulators Cochlear implant Insulin pumps	Subject to overall annual limit R100 000 R127 000 R22 000	Subject to overall annual limit R100 000 R127 000 R22 000	Subject to overall annual limit EXCLUDED R127 000 R22 000	Subject to overall annual limit EXCLUDED EXCLUDED EXCLUDED	Subject to overall annual limit EXCLUDED EXCLUDED EXCLUDED	EXCLUDED EXCLUDED EXCLUDED
2.7 Artificial limbs (Not subject to overall limit)	Through knee prosthesis Below knee prosthesis Above knee prosthesis Partial foot prosthesis Partial hand Below elbow Above elbow	R50 000 R38 000 R44 000 R19 000 R12 000 R35 000 R40 000	R50 000 R38 000 R44 000 R19 000 R12 000 R35 000 R40 000	R50 000 R38 000 R44 000 R19 000 R12 000 R35 000 R40 000	R50 000 R38 000 R44 000 R19 000 R12 000 R35 000 R40 000	R50 000 R38 000 R44 000 R19 000 R12 000 R35 000 R40 000	No benefit, except for PMBs

Managed Care Initiatives

CompCare Wellness offers members a number of Managed Care initiatives, which are all designed to ensure that members receive quality healthcare at an affordable cost. The contact details for the 3rd parties who provide these services are listed under the contact details. These are:

1. Medicine Claims Processing

Mediscor provides a real time processing of medicine claims. Medicines can be obtained from any pharmacy that is part of the Mediscor network. The scheme has appointed the following pharmacies as Designated Service Providers: Clicks Pharmacies (acute and chronic) and Chronic Medicines Dispensary (chronic) If a member voluntarily chooses to use a pharmacy other than our designated service providers, a copayment may be applied.

2. Chronic Medication Pre-authorisation

Members are required to register chronic medication prescriptions with **Mediscor** to receive the chronic medication benefit.

To register your chronic medication prescription with Mediscor, you, your doctor or your pharmacist need to contact Mediscor's ChroniLine or send an e-mail to Mediscor. The Chronic medicine registration process and formularies may be viewed on Mediscor's website. This process is quick and easy - chronic medication application forms are no longer required.

3. Hospital Utilisation Management

Universal Care offers a complete hospital utilisation management service. It is the member's responsibility to ensure that all non-emergency hospital admissions are authorised. These must be authorised at least 48 hours prior to admission. The member, doctor or hospital may phone in for this authorisation. A penalty will apply for late requests for authorisations. Emergency admissions must be authorised on the first working day after admission. There will be a penalty if the member does not obtain authorisation. This service also applies to Oncology treatment.

4. Disease Management

Universal Care offers a comprehensive disease management service including HIV/AIDS counselling. This service is designed to empower members to manage their chronic conditions more effectively. Members are provided with telephonic counselling, e-mail information as well as on-line health and wellness information. This information can be communicated to the patient via: the Disease Management call centre, internet, e-mail, fax, post and physical handout point.

All CompCare Wellness members and their adult dependants diagnosed with a chronic condition such as HIV/AIDS, asthma, diabetes, hypertension etc should register on the Disease Management programme. By registering, an individual will have access to personalised health and wellness Information.

Members are also invited to phone the Disease Management Call Centre should they wish to speak to a nurse counsellor.

The **Centre for Diabetes and Endocrinology (CDE)** may be used for members with diabetes and who are insulin dependent. The CDE is only available to members on the Pinnacle and Dynamix options.

CDE is a diabetic centre that provides a multidisciplinary team approach to the management of diabetes. The team includes diabetic specialists, diabetic educators, dieticians, podiatrists and a resident clinical psychologist.

1. Pathology Management

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

2. Specialised Dentistry Management

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

3. Trauma Expense Recovery

Universal Care offers a service where medical expenses that are the liability of a 3rd party are recovered for Compcare. In most cases these recoveries refer to road accidents where a 3rd party was involved.

4. Emergency Evacuation

ER24 offers an emergency evacuation service that will transport members to the nearest hospital for treatment. Members have access to this benefit in and outside of the borders of South Africa (worldwide).

5. Medical Advice, Information and Assistance

ER24 personnel, including paramedics, nurses and doctors are available 24 hours a day to provide general medical information and advice. This is an advisory service as a telephone conversation does not permit an accurate diagnosis.

In addition to general medical advice, ER24 medical operators can also guide you through a medical crisis situation, provide emergency advice and organise for you to receive the support you need.

6. Fraud detection

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

Co-payments for in-hospital procedures (subject to PMB's)

Co-payments are payable on specified elective procedures (excluding PMB's) done in a hospital or a day facility as per the following table:

Hospital cost only	R	R	R	R	R
Procedure (Non-PMB)	**Pinnacle**	**Dynamix**	**Symmetry**	**Mumed**	**Axis**
	Co-payments will only apply for procedures performed in a hospital or a day clinic. Where two co-payments are applicable, only the larger will apply if admitted to hospital/day clinic.				
Gastroscopy	1500	1500	1500	1500	1500
Colonoscopy	1500	1500	1500	1500	1500
Cystoscopy	1500	1500	1500	1500	1500
Nasal/sinus Endoscopy	1500	1500	1500	1500	1500
Functional Nasal surgery (Septoplasty)	1500	1500	1500	1500	1500
Hysteroscopy	1500	1500	1500	1500	1500
Flexible Sigmoidoscopy	1500	1500	1500	1500	1500
Arthroscopy	1500	1500	1500	1500	1500
Diagnostic Laparoscopy	1500	1500	1500	1500	1500
Dental	1500	1500	1500	1500	1500
Excision Lesion (Benign & Malignant)	1000	1000	1000	1000	1000
Joint replacements (Arthroplasty)	1500	1500	4000	8000	8000
Conservative back and neck treatment (Spinal cord injections)	1500	1500	1500	1500	1500
Laminectomy and Spinal fusion	1500	1500	4000	8000	8000
Nissen Fundoplication (Reflux surgery)	1500	1500	4000	8000	8000
Hysterectomy (Except for cancer)	1500	1500	2000	3000	4000

Chronic conditions covered for 2012

Condition	Pinnacle	Dynamix	Symmetry	Axis	Mumed	NetworX
Addison's Disease *	Yes	Yes	Yes	Yes	Yes	Yes
Allergic Rhinitis	Yes	Yes				
Angina*	Yes	Yes	Yes	Yes	Yes	Yes
Ankylosing Spondylitis	Yes	Yes				
Anorexia Nervosa	Yes					
Asthma *	Yes	Yes	Yes	Yes	Yes	Yes
Attention Deficit Disorder	Yes	Yes	Yes			
Barrett's Oesophagus	Yes					
Behcet's Disease	Yes	Yes				
Benign Prostatic Hyperplasia	Yes					
Bipolar Mood Disorder *	Yes	Yes	Yes	Yes	Yes	Yes
Bronchiectasis *	Yes	Yes	Yes	Yes	Yes	Yes
Bulimia Nervosa	Yes					
Cardiac Arrhythmias *	Yes	Yes	Yes	Yes	Yes	Yes
Cardiomyopathy *	Yes	Yes	Yes	Yes	Yes	Yes
Chronic Renal Failure *	Yes	Yes	Yes	Yes	Yes	Yes
Congestive Cardiac Failure *	Yes	Yes	Yes	Yes	Yes	Yes
Conn's Syndrome	Yes					
Chronic Obstructive Pulmonary Disease *	Yes	Yes	Yes	Yes	Yes	Yes
Emphysema*	Yes	Yes	Yes	Yes	Yes	Yes
Chronic Bronchitis	Yes	Yes	Yes			
Connective Tissue Disorders (mixed)	Yes	Yes				
Coronary Artery Disease *	Yes	Yes	Yes	Yes	Yes	Yes
Crohn's Disease *	Yes	Yes	Yes	Yes	Yes	Yes
Cushing's Syndrome	Yes	Yes	Yes			
Cystic Fibrosis	Yes	Yes				
Deep Vein Thrombosis	Yes					
Diabetes Insipidus *	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes Mellitus Type 1 *	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes Mellitus Type 2*	Yes	Yes	Yes	Yes	Yes	Yes
Epilepsy *	Yes	Yes	Yes	Yes	Yes	Yes
Generalised Anxiety Disorder	Yes	Yes				
Glaucoma *	Yes	Yes	Yes	Yes	Yes	Yes
Gastro-Oesophageal Reflux Disease	Yes	Yes				
Gout	Yes	Yes				
Haemophillia *	Yes	Yes	Yes	Yes	Yes	Yes
HIV/Aids *	Yes	Yes	Yes	Yes	Yes	Yes
Huntington's Disease	Yes	Yes				
Hypercholesterolaemia/Hyperlipidaemia *	Yes	Yes	Yes	Yes	Yes	Yes
Hypertension *	Yes	Yes	Yes	Yes	Yes	Yes
Hypoparathyroidism	Yes	Yes	Yes			
Hypothyroidism *	Yes	Yes	Yes	Yes	Yes	Yes
Ischaemic Heart Disease*	Yes	Yes	Yes	Yes	Yes	Yes
Menopause/HRT*	Yes	Yes	Yes	Yes	Yes	Yes
Motor Neuron Disease	Yes	Yes				
Multiple Sclerosis *	Yes	Yes	Yes	Yes	Yes	Yes
Muscular Dystrophy	Yes	Yes	Yes			

Chronic conditions covered for 2012

Condition	Pinnacle	Dynamix	Symmetry	Axis	Mumed	NetworX
Myasthenia Gravis	Yes	Yes	Yes			
Narcolepsy	Yes					
Obsessive Compulsive Disorder	Yes	Yes				
Osteoarthritis	Yes					
Osteoporosis	Yes	Yes				
Paget's Disease of the Bone	Yes	Yes	Yes			
Panic Disorder	Yes	Yes				
Paraplegia/Quadriplegia	Yes	Yes	Yes			
Parkinson's Disease*	Yes	Yes	Yes	Yes	Yes	Yes
Pemphigus	Yes	Yes	Yes			
Peripheral Arterio-sclerotic disease	Yes	Yes				
Polyarteritis Nodosa	Yes	Yes	Yes			
Post-Traumatic Stress Syndrome	Yes	Yes	Yes			
Psoroasis/Psoriatic Arthritis	Yes					
Pulmonary Interstitial Fibrosis	Yes	Yes	Yes			
Rheumatoid Arthritis*	Yes	Yes	Yes	Yes	Yes	Yes
Schizophrenia*	Yes	Yes	Yes	Yes	Yes	Yes
Scleroderma (systemic sclerosis)	Yes	Yes				
Stroke	Yes	Yes	Yes			
Systemic Lupus Erythematosus*	Yes	Yes	Yes	Yes	Yes	Yes
Thrombocytopaenic Purpura	Yes	Yes				
Ulcerative Colitis*	Yes	Yes	Yes	Yes	Yes	Yes
Unipolar Mood Disorder/Major Depression	Yes	Yes	Yes			
Valvular Heart Disease	Yes	Yes	Yes			
Zollinger-Ellison Syndrome	Yes	Yes				
TOTAL CONDITIONS COVERED	**72**	**62**	**46**	**27**	**27**	**27**

27 CDL Conditions *

Universal House
15 Tambach Road
Sunninghill Park
Sandton

PO Box 1411
Rivonia
2128

Tel: 011 208 1000
Fax: 011 208 1028

E-mail: admin@universal.co.za

Website: www.compcare.co.za

Administered by Universal Healthcare Administrators (Pty) Ltd