



## WINNER OF AN **INDUSTRY AWARD FOR EXCELLENCE**

Service to Membership - Open Medical Scheme - CompCare Wellness Medical Scheme



## **THE DYNAMIX OPTION**

Information and benefit guide - 2016



# THE DYNAMIX OPTION

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

## Contributions & Benefits

Monthly Contributions	Principal	Adult	Child
Risk	R3 111	R2 432	R863
Savings	R541	R422	R158
<b>Total</b>	<b>R3 652</b>	<b>R2 854</b>	<b>R1 021</b>

Annual Benefits	Principal	Adult	Child
Savings	R6 492	R5 064	R1 896
Flexi Benefit (AFB)	R2 004	R1 572	R564
<b>Total day-to-day benefit</b>	<b>R8 496</b>	<b>R6 636</b>	<b>R2 460</b>
Threshold (incl AFB)	R11 701	R9 122	R3 359
Self-payment gap	R3 205	R2 486	R899

A child dependant is a dependant who is under the age of 21 years. An adult dependant is a dependant who is 21 years or older and not a full-time student. The above rates are only applicable to the member and a maximum of three of his/her child dependants.



# DAY-TO-DAY BENEFITS

Understanding your **day-to-day benefits** in **five easy steps**

## STEP 1: Medical savings account (MSA)

Your MSA is for you to spend on day-to-day healthcare expenses.

Day-to-day healthcare claims are initially paid from the annual medical savings account (MSA). The annual MSA funds are advanced to members at the beginning of the year. If you resign from the Scheme during the year, you may be liable for a pro-rata usage portion of the MSA advance.

## STEP 2: Annual flexi benefit (AFB)

Once your MSA is depleted, claims are paid from your annual AFB.

Once the annual MSA is depleted, day-to-day healthcare claims are paid from the AFB. The AFB is a risk benefit, meaning that the "Scheme" pays for it.

## STEP 3: Self-payment gap (SPG)

Once your MSA and AFB have been depleted, you need to pay your healthcare expenses from your own pocket. Keep on submitting these claims, as they accumulate to your threshold.

When the MSA and AFB are depleted, you are responsible for the payment of your claim (SPG). The SPG can be seen as an excess before the medical pays your claims. While in your SPG, you still submit these claims to CompCare Wellness for processing. This is a very important step in the claiming process as these claims accumulate to the threshold level.

## STEP 4: Threshold level (TL)

When you reach your threshold (claims accumulate to threshold) your above threshold benefit kicks in. The annual threshold is an amount that your claims need to add up to before we pay your claims from the above-threshold benefit (ATB)

Once you reach the TL, you have access to above-threshold benefits (ATB).

## STEP 5: Above-threshold benefit (ATB)

Claims are now paid from the above-threshold benefit. Sub-limits apply. Gives you extra cover where claims are paid from risk after your annual threshold limit has been reached.

For the ATB, you have additional day-to-day benefits with certain sub-limits. These benefits include specialists, medication (chronic and acute), radiology and pathology.

# DAY-TO-DAY BENEFITS

## Your day-to-day benefits and limits

Benefit	Claims paid from MSA and AFB	Claims which accumulate to the Threshold Level	Benefits payable from the Above Threshold Level	Above Threshold benefit – Annual limit R5 310 p/b and R10 620 p/f, sub-limits per benefit categories	Claims paid from Risk (not subject to the MSA and AFB)	Limits
General practitioners	✓	✓	✓	Unlimited		100% of the agreed tariff
Specialist consultations	✓	✓	✓	R3 440 p/f, subject to overall above-threshold limit		Paid at 100% of the agreed tariff. A referral from a GP is required before seeking treatment from a specialist. The Scheme must be notified of such a referral via the call centre or by mail (specauth@universal.co.za) with the exception of services provided by an ophthalmologist, gynaecologist, a paediatrician for children under 2 years of age and one urologist visit per male over 40
Acute medication	✓	✓	✓	R2 650 p/f, subject to overall above-threshold limit		Subject to formulary and reference pricing (RP)
Over-the-counter medication (OTC)	✓					Limited to one script per day and a maximum of R180 per event Annual limit R770 p/b and R1 125 p/f
Chronic medication 26 CDLs					✓	Unlimited for registered CDL conditions, reference pricing applies
Chronic medication 36 non-CDLs	✓	✓	✓	R2 650 p/f, subject to overall above-threshold limit. Only if day-to-day limit has not been exceeded		Limited to R7 950 p/b and R13 260 p/f, reference pricing applies
Basic radiology including black and white X-rays and ultrasound	✓	✓	✓	R2 650 p/f, subject to overall above-threshold limit <b>Combined with pathology limit</b>		100% of the agreed tariff.
Specialised radiology including MRI/CT and PET scans (combined in-and out-of-hospital benefit)	✓ R2 365 only				✓	100% of the agreed tariff, unlimited. The first R2 365 is payable from the MSA and AFB with accumulation to threshold. Pre-authorisation required
Basic pathology	✓	✓	✓	R2 650 p/f, subject to overall above-threshold limit <b>Combined with radiology limit</b>		100% of the agreed tariff.
Basic dentistry	✓	✓	✓	Unlimited		100% of the agreed tariff. Unlimited above threshold
Specialised dentistry	✓	✓				100% of the agreed tariff, limited to R10 010 p/b, pre-authorisation required
Optical including optical consultation contact lenses, frames	✓	✓				100% South African Optometric Association (SAOA), two optical consultations per annum. Lenses and frames limited to R3 185 p/b, frame sub-limit of R1 335 p/b
<b>Auxiliary services including:</b> Audiologists, chiropractors, dieticians, homeopaths, naturopaths, speech and occupational therapists, chiropodists/podiatrists, social workers, physiotherapists and biokineticists	✓	✓	✓	Only physiotherapy, biokinetics and occupational therapy are payable from the above-threshold benefit and are limited to R1 725 p/f, subject to the overall above threshold limit		100% of the agreed tariff, limited to R4 600 p/f

\*p/b = per beneficiary

\*p/f = per family



# DAY-TO-DAY BENEFITS

## Your day-to-day benefits and limits

Benefit	Claims paid from MSA and AFB	Claims which accumulate to the Threshold Level	Benefits payable from the Above Threshold Level	Above Threshold benefit – Annual limit R5 310 p/b and R10 620 p/f, sub-limits per benefit categories	Claims paid from Risk (not subject to the MSA and AFB)	Limits
Clinical psychologists	✓	✓				Limited to R2 010 p/f
Psychiatry	✓	✓				Limited to R8 610 p/f
<b>Surgical and medical appliances including:</b> Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators					✓	100% of cost. Limited to R18 525 p/f, sub-limits apply. Pre-authorisation required
Oxygen home ventilation	✓	✓				Subject to pre-authorisation, PMBs and protocols
Private nursing at home	✓	✓				Subject to pre-authorisation and protocols. In lieu of hospitalisation (excludes post partum cases)
Ante-natal classes	✓	✓				100% of the agreed tariff. Limited to R1 005
Ambulance services					✓	100% of cost, unlimited. Preferred provider
Hospital emergency not requiring admission	✓	✓				Excludes facility fees
Hospital emergency as a result of a physical injury caused by an external force					✓	100% of the agreed tariff. Subject to PMBs and protocols



# WELLNESS BENEFITS

## Risk benefits

Benefit	Claims paid from Risk (not subject to MSA and AFB)	Claims which accumulate to the Threshold Level
<b>Wellness Consultations including:</b> Blood pressure, cholesterol, glucose, BMI, waist circumference	✓	Limited to R165 p/b. One per year p/b over the age of 18 years at Clicks, limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1
Flu vaccinations	✓	Limited to R85 p/b
HPV (cervical cancer)	✓	One course (three doses per registered schedule) per female beneficiary between the ages of 12 and 18
Adult pneumococcal vaccine	✓	Subject to pre-authorisation, for beneficiaries over the age of 60
Tetanus vaccine	✓	One injection when required
Malaria prophylaxis	✓	As required
Mammogram	✓	One test per female beneficiary over the age of 35, every 24 months
Pap smear	✓	One test per female beneficiary over the age of 18 per annum
Prostate specific antigen (PSA)	✓	One test per male beneficiary over the age of 40 per annum
Annual fitness assessment	✓	At a biokineticist, applicable to beneficiaries over the age of 21
Quit smoking programme	✓	Limited to R2 955, once in a lifetime Cost of programme will be refunded after cotinine test proves member is now a non-smoker
Glaucoma screen test	✓	One per beneficiary per year

### Fitness assessment and exercise prescription

Access to Universal Network biokineticists for:  
Annual fitness assessment  
Exercise prescription  
Regular monitoring  
One assessment for a pregnant woman per pregnancy **NEW!**  
**Strict protocols apply**

### Nutritional assessment and healthy eating plan

Access to the Universal Network of dieticians for:  
Annual assessment  
Healthy eating plan prescription  
Regular monitoring  
One assessment for a pregnant woman per pregnancy **NEW!**  
**Strict protocols apply**

### Newborn to adult benefit

**Oral contraceptives:** Limited to R120 p/b per month, **Baby wellness visit:** Two visits per annum for children between four weeks and 18 months at a Clicks, **baby bag, Childhood immunisations:** Applicable to children up to the age of 12 years, as per recommendation of the Department of Health, **School readiness assessment:** Examination for admission to educational institution - only tariff code 086 211 and 086 290 **Career guidance:** Only tariff code 086 211 and 086 290  
**Pre-school eye and hearing screening** one per child between ages 5 and 6 **NEW!**

### Emotional Wellness

Unlimited telephone counselling with referral for one-on-one counselling to a maximum of three sessions per annum  
Three face-to-face sessions for the re-integration into society after a major trauma event **NEW!**

Tel: 0800 390 003 / 011 591 8254

# HOSPITAL BENEFITS

The Dynamix option offers comprehensive in-hospital benefits. As a member of the Dynamix option you are covered at 100% of the agreed tariff while in hospital. You may use any private hospital, and all services in hospital have to be pre-authorized 48 hours in advance.

Alternatives to hospitalisation are also covered on the Dynamix option. Benefits are available for step-down nursing facilities, hospice and rehabilitation.

You are required to pre-authorise these treatments, and they are subject to pre-authorization, protocols and case management.

## Co-payments are payable on specified elective procedures (excluding PMBs) done in a hospital or in a day facility

### The following treatment requires a R1 000 co-payment:

Excision lesion (benign & malignant)

### The following treatments require a R1 500 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 treatments require a R2 000 co-payment:

Laparoscopic hemi-colectomy, laparoscopic inguinal hernia repair and Laparoscopic appendectomy

## In-Hospital Benefits

Benefit	Unlimited	Limited	Description
Private hospitals and nursing homes	✓		Freedom of choice. Subject to pre-authorization. R2 000 co-payment for non-authorization and R1 000 for late notification
Ward fees: general, high care, intensive care	✓		100% of the agreed tariff. Subject to pre-authorization
Theatre fees	✓		100% of the agreed tariff. Subject to pre-authorization
Medication while in hospital	✓		100% of the agreed tariff
Take-out medication		✓	Subject to reference pricing and formulary, subject to seven days supply
GP costs while in hospital	✓		100% of the agreed tariff
Specialist costs while in hospital	✓		100% of the agreed tariff, excluding dental
Surgical prostheses and electronic nuclear devices		✓	100% of the agreed tariff. Sub-limits apply, refer to details on next page
Basic radiology and pathology	✓		100% of the agreed tariff
Specialised radiology including MRI/CT and PET scans	✓		100% of the agreed tariff, pre-authorization required First R2 365 payable from MSA and AFB (accumulates to threshold)
Confinements		✓	100% of the agreed tariff, pre-authorization required, normal birth limited to two days and caesarean section, limited to three days in-hospital, 12 ante-natal visits, two 2D scans. Payable at the agreed tariff
Physiotherapy	✓		100% of the agreed tariff
Mental health: psychiatric hospitalisation		✓	Limited to 21 days p/f, subject to protocols and PMBs, DSP only
Alcoholism, drug dependence and narcotism	✓		PMBs only
Organ transplants, plasmapheresis, renal dialysis	✓		PMBs only, subject to pre-authorization and protocols, DSP only Includes the transportation of the organ, surgically related procedures, professional fees and immunosuppressant drugs
Biological agents and specialised medicine		✓	Limited to R176 970, 25% co-payment, pre-authorization and protocols apply
Professional sports injuries	✓		Subject to pre-authorization and protocols apply
Oncology	✓		Subject to pre-authorization and protocols apply

## Alternatives To Hospitalisation

Benefit	Unlimited	Limited	Description
Wound care in lieu of hospitalisation	✓		100% of the agreed tariff, subject to authorisation and protocols apply
Step-down nursing facilities, hospice and rehabilitation	✓		100% of the agreed tariff, subject to pre-authorization and protocols
Surgical procedures out-of-hospital	✓		100% of the agreed tariff, subject to pre-authorization and protocols
Radial keratotomy / eximer laser		✓	Limited to R5 310 per eye, subject to pre-authorization, protocols and qualifying criteria Limit includes all related services and hospitalisation

\*p/b = per beneficiary

\*p/f = per family

# HOSPITAL BENEFITS

## Surgical prostheses limits

Procedure (Non-PMB)	Dynamix
Overall annual limit for internal prostheses (OAL)	R42 500
<b>Coronary artery stents (subject to OAL)</b>	
Plain (max of three)	R11 000
Medicated (max of three)	R17 000
<b>Other stents (subject to OAL)</b>	
Aortic aneurysm stents	Subject to OAL
Carotid stents	R15 000
Renal stents	R5 000
Aneurysm coils	R35 000
Heart valves (subject to OAL)	R22 000
<b>Orthopaedic prostheses (subject to OAL)</b>	
	Two per family p/y
Hip prostheses	R37 500
Knee prostheses	R37 500
Shoulder prostheses	R37 500
Elbow prostheses	R37 500
Ankle prostheses	R25 000
Wrist prostheses	R25 000
Finger prostheses	R20 000
Spinal instrumentation - per level limited to two levels and one procedure per beneficiary p/y	R22 000
Spinal cages	R11 000
Spinal implantable devices, e.g balloons, cement used in kyphoplasty	R25 000
Internal fixators for fractures - pins, wires, intermedullary screws etc	R25 000
<b>Artificial limbs (subject to OAL)</b>	
Through knee	R50 000
Below knee	R38 000
Above knee	R44 000
Partial foot	R19 000
Partial hand	R12 000
Below elbow	R35 000
Above elbow	R40 000
<b>Other prostheses (subject to OAL)</b>	
Intra-ocular lenses	R4 000
Bladder sling	R6 000
Hernia mesh	R8 000
Vascular grafts	R24 500
<b>Electronic and nuclear devices (subject to PMBs)</b>	
Internal cardiac defibrillator	Subject to OAL
Single chamber pacemaker	Subject to OAL
Dual chamber pacemaker	Subject to OAL
Internal nerve stimulators	R100 000
Cochlear implants	R175 000
Insulin pumps (subject to OAL)	R22 000

\*p/y = per year      \*p/f = per family

# PRESCRIBED MINIMUM BENEFITS (PMBs)

Prescribed minimum benefits relating to hospitalisation and chronic conditions including HIV are covered at 100% of cost, subject to treatment protocols, formularies and DSPs.

## Cover for chronic conditions

The Dynamix option covers 62 chronic conditions. The list of 62 chronic conditions are made up of 26 PMB CDL conditions and 36 additional non-PMB conditions. If you are diagnosed with one of the condition on the list, you need to register with Universal on **0860 111 900** in order to qualify for the chronic benefit. The 26 PMB CDL conditions are payable from risk, and do not impact on your day-to-day benefits. The 36 non-PMB conditions are payable from the MSA and AFB, and are limited to R7 950 p/b and R13 260 p/f.

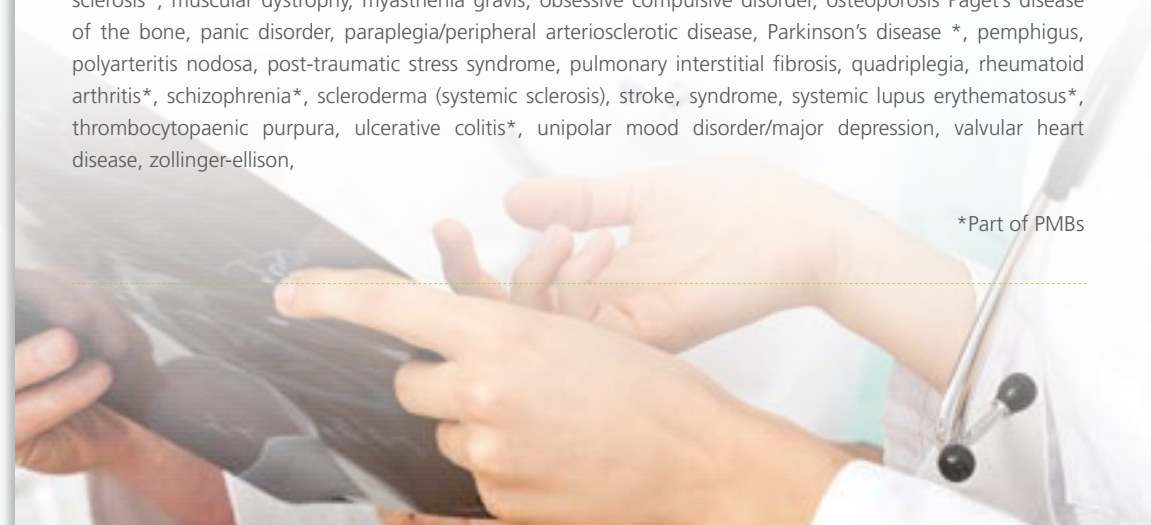
An above-threshold benefit of R2 650 p/f is available, only if the day-to-day limit has not been exceeded, subject to the overall above threshold benefit.

*Chronic medication is subject to a formulary (list of medication) and reference pricing (RP).*

## The conditions covered on the Dynamix option are:

Addison's disease\*, allergic rhinitis, angina, ankylosing spondylitis, asthma\*, attention-deficit disorder, Behcet's disease, bipolar mood disorder\*, bronchiectasis\*, cardiac arrhythmias\*, cardiomyopathy\*, chronic bronchitis, chronic obstructive pulmonary disease\*, chronic renal failure\*, congestive cardiac failure\*, connective tissue disorders (mixed), coronary artery disease\*, Crohn's disease\*, Cushing's syndrome, cystic fibrosis, diabetes insipidus\*, diabetes mellitus type 1 and 2\*, emphysema\*, epilepsy \*, gastro-oesophageal reflux disease, Generalised anxiety disorder, glaucoma\*, gout/hyperuricaemia, haemophilia\*, HIV/AIDS\*, hormone replacement therapy for menopause\*, Huntington's disease, hypercholesterolaemia / hyperlipidaemia\*, hypertension\*, hypoparathyroidism/ hypothyroidism\*, ischaemic heart disease, motor neuron disease, multiple sclerosis\*, muscular dystrophy, myasthenia gravis, obsessive compulsive disorder, osteoporosis Paget's disease of the bone, panic disorder, paraplegia/peripheral arteriosclerotic disease, Parkinson's disease \*, pemphigus, polyarteritis nodosa, post-traumatic stress syndrome, pulmonary interstitial fibrosis, quadriplegia, rheumatoid arthritis\*, schizophrenia\*, scleroderma (systemic sclerosis), stroke, syndrome, systemic lupus erythematosus\*, thrombocytopenic purpura, ulcerative colitis\*, unipolar mood disorder/major depression, valvular heart disease, zollinger-ellison,

\*Part of PMBs



## CONTACT DETAILS

CompCare contact details:

**Universal Place, 19 Tambach Road,  
Sunninghill Park, Sandton**

**PO Box 1411, Rivonia, 2128**

**Tel:** 0861 222 777 | **Fax:** 0866 450 991

**E-mail:** [correspondence@universal.co.za](mailto:correspondence@universal.co.za)

**Website:** [www.compcarewellness.co.za](http://www.compcarewellness.co.za)

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

**Tel:** 0861 123 267

**E-mail:** [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)

**Web:** [www.medicalschemes.com](http://www.medicalschemes.com)

## GLOSSARY

CompCare Medical Scheme

<b>AFB</b>	Annual Flexi Benefit
<b>AT</b>	Agreed tariff
<b>CDL</b>	Chronic disease list
<b>DSP</b>	Designated service provider
<b>MSA</b>	Medical savings account
<b>OTC</b>	Over the counter medicine
<b>P/B</b>	Per beneficiary
<b>P/F</b>	Per family
<b>PMB</b>	Prescribed minimum benefit
<b>RP</b>	Reference pricing
<b>SAOA</b>	South African Optometric Association
<b>SPG</b>	Self-payment gap
<b>TL</b>	Threshold limit
<b>TTO</b>	To take out. i.e. medicines taken out of hospital when discharged

**This brochure is a summary of the benefits of CompCare Wellness Medical Scheme.**

**All information relating to the 2016 CompCare Wellness Medical Scheme benefits and contributions are subject to formal approval by the Council for Medical Schemes. On joining the Scheme, all members will receive a detailed member brochure, as approved. The final registered Rules of the Scheme will apply.**

Administered by Universal Healthcare Administrators (Pty) Ltd



**WINNER OF INDUSTRY AWARDS FOR  
EXCELLENCE**

**Universal Care:** Service Excellence for Managed Care Entities  
**Universal Administrators:** Service Excellence for Administrators

