



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

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



## **THE MUMED OPTION**

Information and benefit guide - 2016



# THE MUMED OPTION

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

## Contributions & Benefits

Monthly Contributions	Principal	Adult	Child
R0 – R7 900	R1 902	R1 485	R542
R7 901 – R15 000	R2 073	R1 617	R588
R15 001+	R2 305	R1 796	R650

Annual Benefits	Principal	Adult	Child
Annual Flexi Benefit (AFB)	R5 196	R3 252	R1 296
Extended Annual Flexi Benefit	R1 032	R648	R264

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 under the age of 27. 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 **two easy steps**

## STEP 1: Annual Flexi Benefit (AFB)

Claims are paid from the Annual Flexi Benefit (AFB)

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

## STEP 2: Additional Benefits

You have additional benefits payable from risk once your AFB is depleted

When the AFB is depleted, you will qualify for unlimited basic dentistry benefits and the balance of the allocated GP visits until the end of the year.

GP and specialist claims are initially paid from the AFB; thereafter, Additional GP visits are paid from the extended AFB. Specialist consultation claims are paid from the extended AFB only if referred by a GP. Scheme must be notified prior to the specialist visit and authorisation number obtained.

**Contact the call centre or send an email to [specauth@universal.co.za](mailto:specauth@universal.co.za).** Extended AFB excludes procedures and materials

# DAY-TO-DAY BENEFITS

## Your day-to-day benefits and limits

Benefit	Claims paid from AFB	Additional benefits payable once the AFB is depleted	Claims paid from Risk (not subject to the AFB)	Limits
General practitioners	✓	✓		Paid at 100% of the agreed tariff, limited to: M: 6 visits M+1: 8 visits M+2: 10 visits M+3+: 11 visits Once the AFB limit is reached, additional GP visits are paid from the Extended AFB
Specialist consultations	✓			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 by phoning the Call Centre or by sending a mail to <a href="mailto:specauth@universal.co.za">specauth@universal.co.za</a> , with the exception of services provided by an ophthalmologist, gynaecologist, paediatrician (for children under the age of two), and one urologist visit per male over the age of 40. Once the AFB limit is reached, specialist consultations will be paid from the Extended AFB, only if the GP referral is obtained and the Scheme is notified prior to the visit. Procedures and materials are excluded.
Acute medication	✓			Subject to formulary and reference pricing (RP) 25% co-payment on non-generic medication
Over-the-counter medication (OTC)	✓			Limited to one script per day and a maximum of R155 per event Annual limit R515 p/b and R910 p/f
Chronic medication (26 CDL's and four non-PMB)			✓	Unlimited. Reference pricing applies
Basic radiology, including black and white X-rays and ultrasound	✓			100% of the agreed tariff. <b>Combined in-and-out-of-hospital benefit.</b> AFB limit applies
Specialised radiology, including MRI/CT and PET scan			✓	Paid at 100% of the agreed tariff. Limited to R13 755 p/f – combined in-and-out-of-hospital benefit Pre-authorization required
Basic pathology	✓			100% of the agreed tariff. <b>Combined in-and-out-of-hospital benefit.</b> AFB limit applies
Basic dentistry	✓	✓		Paid at 100% of the agreed tariff. Unlimited once AFB is depleted
Specialised dentistry	✓			Paid at 100% of the agreed tariff. Limited to R1 785 p/b. Pre-authorization required (includes hospital and all related costs)
Optical, including optical consultation, contact lenses, frames	✓			Paid at 100% of the agreed tariff, one optical consultation per annum. Lenses and frames limited to R1 385 p/b and R3 985 p/f, frame sub-limit of R695 p/b
<b>Auxiliary services, including:</b> Audiologists, chiropractors, dieticians, homeopathics consultations, naturopathics, speech and occupational therapists, chiropodists and podiatrists, social workers, physiotherapists and biokineticists	✓			Paid at 100% of the agreed tariff. Limited to R1 730 p/b and R2 750 p/f
Clinical psychologists	✓			Paid at 100% of the agreed tariff. Limited to R1 445 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 AFB	Additional benefits payable once the AFB is depleted	Claims paid from Risk (not subject to the AFB)	Limits
Psychiatry	✓			Paid at 100% of the agreed tariff. Limited to R3 630 p/f
<b>Surgical and medical appliances including:</b> wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators			✓	100% of cost Limited to R9 000 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 R650
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



\*p/b = per beneficiary

\*p/f = per family

# WELLNESS BENEFITS

## Risk benefits

Benefit	Claims paid from Risk (not subject to the 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
Quit smoking programme	✓	Limited to R2 955, once in a lifetime Cost of programme will be refunded after cotinine test proves member is not non-smoking
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 telephonic 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 Mumed option offers comprehensive in-hospital benefits. As a member of the Mumed option, you are covered at 100% of the agreed tariff while in hospital with an overall annual limit (OAL) of R1 575 000 p/f.

You may go to any hospital and all in-hospital services have to be pre-authorized 48 hours in advance.

Alternatives to hospitalisation are also covered on the Mumed option. Benefits are available for step-down nursing facilities, hospice and rehabilitation, subject to pre-authorization, protocols and case management.

**Co-payments are payable on specified elective procedures (excluding PMBs) done in a hospital or 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, conservative back and neck treatment (spinal cord injections)

**The following treatments require a R2 000 co-payment:**

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

**The following treatment requires a R3 000 co-payment:**

Hysterectomy (except for cancer)

**The following treatments require a R8 000 co-payment:**

Joint replacements (arthroplasty), laminectomy and spinal fusion and Nissen fundoplication (reflux surgery)

## In-Hospital Benefits

Benefit	Unlimited	Limited	Description
Overall annual limit		✓	R1 575 000 p/f. Limit for non-PMB events R2 000 co-payment for non-authorization and R1 000 for late notification
Private hospitals and nursing homes	✓		Freedom of choice. Subject to pre-authorization. Co-payment for non-authorization
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 RP and formulary, limited to seven days
GP costs while in hospital	✓		100% of the agreed tariff
Specialist costs while in hospital	✓		100% of the agreed tariff
Surgical prostheses and electronic nuclear devices		✓	100% of the agreed tariff. Sub-limits apply, refer to details on next page
Basic radiology in hospital & step down facility		✓	100% of the agreed tariff. Limited to R27 135 p/f, combined in- and out-of-hospital
Basic pathology in hospital & step down facility		✓	100% of the agreed tariff. Limited to R20 530 p/f, combined in- and out-of-hospital
Specialised radiology, including MRI/CT and PET scans		✓	100% of the agreed tariff, combined in-and-out-of-hospital benefit limited to R13 755 p/f, pre-authorization required
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 and two 2D scans. Payable at 100% of the agreed tariff
Physiotherapy in hospital & step down facility		✓	100% of the agreed tariff. Limited to R5 490 p/f, subject to protocols
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 R117 980, 25% co-payment, subject to pre-authorization, 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
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 optical benefit. Subject to pre-authorization, protocols and qualifying criteria; limit includes all related services and hospitalisation

\*p/f = per family

# HOSPITAL BENEFITS

## Surgical prostheses limits

Procedure (Non-PMB)	Mumed
Overall annual limit for internal prostheses	R35 000
<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 AHL
Carotid stents	R15 000
Renal stents	R5 000
Aneurysm coils	R35 000
Heart valves	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 per year	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	Excluded
Cochlear implants	Excluded
Insulin pumps	Excluded

\*p/y = per year

# 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 Mumed option covers 30 chronic conditions. The list of 30 chronic conditions are made up of 26 PMB CDL conditions and four additional non-PMB conditions. If you are diagnosed with one of the conditions on the list, you need to register with Universal **0860 111 900** in order to qualify for the chronic benefit. The 30 conditions are payable from your risk benefit, and do not impact on your day-to-day benefits.

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

## The conditions covered on the Mumed option are:

Addison's disease, angina, asthma, bipolar mood disorder, bronchiectasis, cardiac arrhythmias, cardiomyopathy, chronic obstructive pulmonary disease, chronic renal failure, congestive cardiac failure, coronary artery disease, Crohn's disease, diabetes insipidus, diabetes mellitus type 1 and 2, emphysema, epilepsy, glaucoma, haemophilia, HIV/AIDS, hormone replacement therapy for menopause, hypercholesterolaemia/hyperlipidaemia, hypertension, hypothyroidism, ischaemic heart disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, schizophrenia, systemic lupus erythematosus, ulcerative colitis



## 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>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



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

