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



# THE NETWORKX EFFICIENCY DISCOUNTED OPTION

Information and benefit guide - 2016



Lims option

# THE NETWORKX ED OPTION

The NetworX ED 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.

## Contributions & Benefits

NetworX ED	Principal	Adult	Child
R0 - R500	R260	R257	R141
R501 - R4 000	R379	R372	R187
R4 001 - R6 000	R486	R461	R230
R6 001 - R9 000	R579	R550	R275
R9 001 - R10 000	R614	R584	R292
R10 000 +	R1 210	R1 089	R538

Annual Flexi Benefit (AFB)	
R2 664 p/b	R3 972 p/f

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 **two easy steps**

## STEP 1: Unlimited benefits at a Universal Network Provider

GPs, acute medication, radiology and pathology

Day-to-day services are subject to the utilisation of the Universal Provider Network. Members are required to select a general practitioner (GP) on the Universal Provider Network, and may visit the selected GP as often as required. Medication prescribed by the selected Universal Network practitioner will be covered in accordance with the Universal Formulary, available from a dispensing Universal practitioner or from a Universal pharmacy.

Basic X-rays and blood tests prescribed by the selected Universal Network practitioner are also covered subject to a list of codes. Services rendered by the Universal Provider Network will be paid at the agreed tariff (AT) up to specified limits.

## STEP 2: Annual Flexi Benefit (AFB)

Specialist visits, basic dentistry, optometry, and non formulary prescription medication.

Members have access to an Annual Flexi Benefit (AFB), which covers the following services: specialist consultations, basic dentistry and optometry according to certain limits. Once the AFB is depleted, members are responsible for these accounts.

\*p/b = per beneficiary

\*p/f = per family

# DAY-TO-DAY BENEFITS

## Your day-to-day benefits and limits

Benefit	Claims paid from Risk (not subject to the AFB)	R2 664 p/b and R3 972 p/f Claims paid from the AFB	Limits
General practitioners	✓		100% of the agreed tariff. Unlimited visits. Each beneficiary must select a contracted Universal Network GP for day-to-day care. The member has two additional visits in the Network but not at his or her selected GP, as well as two visits outside the Network. The member is required to pay the out-of-area provider in cash and claim back. Reimbursement is at 80% of the scheme rate of the claim to a maximum of R955 per event (i.e. for the GP consultation and all related costs). Voluntary out-of-network, no benefit, except for PMBs
Specialist consultations		✓	Paid at 100% of the agreed tariff, two visits p/b, maximum three p/f per annum. Two additional ante-natal visits per pregnancy. Specialist visits are subject to referral by a Universal Network GP, and pre-authorization of each specialist visit. Referrals limited to specialist located at DSP Network of hospitals. No benefit for voluntary use of out-of-network specialist visits, except for PMBs
Acute medication	✓		100% of the agreed tariff, unlimited if prescribed by a Universal Network GP, or by a specialist, provided the member was referred by a Universal Network GP. Subject to formulary. No cover in cases of voluntary use of non-DSPs, or voluntary use of a specialist without referral by a Universal Network GP. Non formulary medications are paid from AFB to the value of R312
Chronic medication - 30 CDL conditions (26 PMB and four non-PMB)	✓		Subject to registration on the Chronic Programme in order to qualify for the chronic benefit. Chronic medication is subject to the Universal Medicine Formulary. Chronic medication is unlimited, only if prescribed by a Universal Network provider and dispensed within a Universal Network pharmacy or dispensing Universal Network GP. 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-authorized by the medical advisor. PMB rules apply
Basic radiology including black and white X-rays and ultrasounds	✓		100% of the agreed tariff, unlimited when clinically appropriate within a DSP network and subject to referral by a Universal 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 Universal Network GP (except when involuntary)
Specialised radiology including MRI/CT and PET scans			100% of the agreed tariff PMBs only, subject to pre-authorization and case management within a DSP network
Basic pathology	✓		100% of the agreed tariff. Unlimited when clinically appropriate within a DSP network and subject to referral by a Universal Network GP. Limited to a list of codes. Subject to case management. No benefit if not referred by a network provider, or by a specialist following referral by a Universal Network GP (except when involuntary)
Basic dentistry		✓	100% of the agreed tariff, paid from the AFB. One consultation p/b 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
<b>Optical including:</b> Optical consultation, contact lenses, frames		✓	100% of the agreed tariff. One test p/b every second year at a Universal Network optometrist. Lenses, frames and contact lenses – clear plastic single vision lenses and frames (limited to R737) or bi-focal lenses and frames (limited to R1 180) every second year. No benefit for contact lenses, limited to a range of frames within the Universal Network
Ambulance services	✓		100% of cost, unlimited. Preferred provider
Hospital emergency not requiring admission		✓	Limited to the AFB. 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

The following day-to-day benefits are subject to PMBs only: Specialised dentistry, auxiliary services, clinical psychologists, psychiatry, surgical and medical appliances, and home oxygen

\*p/b = per beneficiary

\*p/f = per family





# HOSPITAL BENEFITS

As a member of the NetworX ED option you are covered at 100% of the agreed tariff while in hospital. All services in hospital have to be pre-authorized. You must utilise the **Universal Network of public and private hospitals.**

Cover is unlimited for all PMB services and limited for non-PMBs to R1 050 000 p/f. Certain services have applicable limits. Voluntary use of a non-DSP in a non-emergency will attract a co-payment of 30% with a minimum of R5 000.

Alternatives to hospitalisation are also covered on the NetworX ED option. Benefits are available for step-down nursing facilities, Hospice and rehabilitation, according to PMB. You are required to pre-authorise these treatments, and they are subject to protocols and case management.

## The following are not covered

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, functional nasal problems, elective caesarean section, refractive eye surgery, brachytherapy for prostate cancer and fibroadenosis.

## In-Hospital Benefits (Universal Network of public and specified private hospitals only)

Benefit	Unlimited	Limited	Description
Overall annual limit(OAL)	✔ PMBs	✔ Non-PMBs	100% of the agreed tariff. Non-PMBs limited to R1 050 000 p/f
Public and specialised private hospitals and nursing homes		✔	100% of the agreed tariff, subject to OAL. Pre-authorization required. Co-payment for non-authorization and use of a non-DSP. <b>Dentistry excluded</b>
Ward fees: general, high care, intensive care		✔	100% of the agreed tariff. Subject to OAL and pre-authorization
Theatre fees		✔	100% of the agreed tariff. Subject to OAL and pre-authorization
Medication while in hospital		✔	Subject to OAL
Take-out medication		✔	Subject to OAL, limited to seven days supply and R285 per discharge. RP and formulary applicable
GP costs while in hospital		✔	100% of the agreed tariff. Subject to OAL
Specialist costs while in hospital		✔	100% of the agreed tariff. Subject to OAL (excludes dental treatments)
Surgical prostheses and electronic nuclear devices		✔	100% of the agreed tariff, PMBs only
Basic radiology		✔	100% of the agreed tariff. Subject to OAL and protocols
Basic pathology		✔	100% of the agreed tariff. Subject to OAL and protocols
Specialised radiology, including MRI/CT and PET scans		✔	100% of the agreed tariff, subject to OAL and pre-authorization, high resolution CT scans/PET scans subject to special medical motivation, PMBs only
Confinements		✔	100% of the agreed tariff, subject to OAL. Pre-authorization required, normal birth limited to two days and caesarean section limited to three days in-hospital. See specialist benefit for ante-natal visits benefit
Physiotherapy		✔	100% of the agreed tariff. Subject to OAL and protocols
Mental health: psychiatric hospitalisation		✔	Limited to 21 days p/f, subject to OAL, protocols and PMBs. DSP only
Alcoholism, drug dependence and narcotism		✔	PMBs only, subject to pre-authorization and protocols
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		✔	PMB only, pre-authorization and protocols apply
Professional sports injuries		✔	Subject to OAL
Oncology		✔	Subject to OAL, 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 OAL, pre-authorization, PMBs and protocols
Surgical procedures out-of-hospital		✔	100% of the agreed tariff. Subject to OAL, pre-authorization, PMBs and protocols
Wound Care in lieu of hospitalisation		✔	Unlimited, authorisation required

\*p/b = per beneficiary \*p/f = per family

# WELLNESS BENEFITS

## Risk benefits

Benefit	Claims paid from Risk (not subject to the AFB)	Benefit detail
<b>Wellness Consultations</b> <b>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 a Clicks pharmacy, limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1
Flu vaccinations	✓	Limited to R85 p/b
HIV tests	✓	PMBs only
Emotional wellness	✓	Unlimited telephone counselling with referral for one-on-one counselling to a maximum of three sessions per annum.  Three face-to-face session for the re-integration into society after a major trauma event  <b>NEW!</b>  Tel: 0800 390 003 / 011 591 8254
Oral contraceptive	✓	R90 per beneficiary per month  Formulary and reference pricing applies

# PRESCRIBED MINIMUM BENEFITS (PMBs)

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

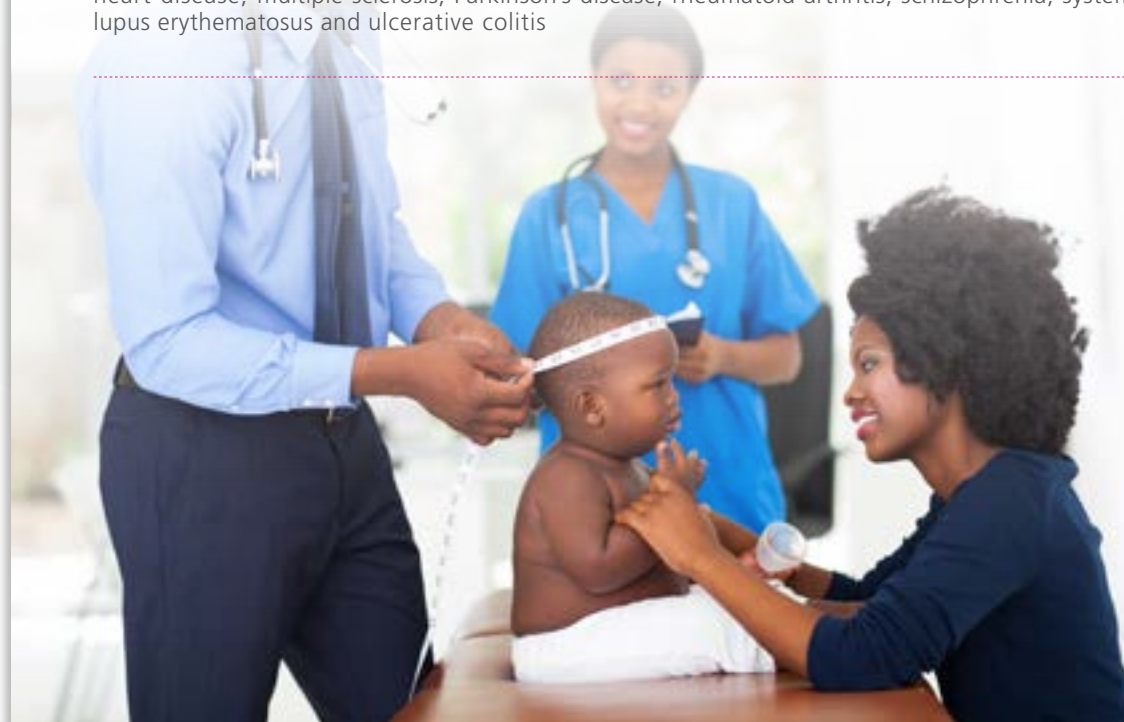
## Cover for chronic conditions

The NetworX ED option covers 30 chronic conditions. The list of 30 chronic conditions is 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 on **0860 111 900** in order to qualify for the chronic benefit. The 27 PMB CDL conditions are payable from a risk benefit, and do not impact on your day-to-day benefits.

Chronic medication is subject to the Universal Formulary (list of medication) and the reference pricing (RP).

## The conditions covered on the NetworX ED option are:

Addison's disease, angina, asthma, bipolar mood disorder, bronchiectasis, cardiac arrhythmias, congestive cardiac failure, coronary artery disease, chronic renal failure, cardiomyopathy, chronic obstructive pulmonary 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 and ulcerative colitis



\*p/b = per beneficiary





## 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)

## GLOSSARY

CompCare Medical Scheme

<b>AFB</b>	Annual Flexi Benefit
<b>AOL</b>	Overall annual limit
<b>CDL</b>	Chronic disease List
<b>DSP</b>	Designated service provider
<b>P/B</b>	Per beneficiary
<b>P/F</b>	Per family
<b>PMB</b>	Prescribed minimum benefit
<b>RP</b>	Reference pricing
<b>TTO</b>	To take out. i.e. medicines taken out of hospital when discharged

### 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)

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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