



WINNER OF AN **INDUSTRY AWARD FOR EXCELLENCE**

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



THE PINNACLE OPTION

Information and benefit guide - 2016



THE PINNACLE OPTION

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.

Contributions & Benefits

Monthly Contributions	Principal	Adult	Child
Risk	R3 886	R3 023	R1 083
Savings	R963	R752	R264
Total	R4 849	R3 775	R1 346

Annual Benefits	Principal	Adult	Child
Annual savings	R11 556	R9 024	R3 168
Annual Flexi Benefit (AFB)	R2 652	R2 064	R732
Total day-to-day benefit	R14 208	R11 088	R3 900
Annual threshold (incl AFB)	R15 645	R12 160	R4 248
Annual self payment gap	R1 437	R1 072	R348

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 is 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)

Claims are initially paid from your annual MSA

The annual MSA funds are advanced to members at the beginning of the year. If you resign from the medical 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 MSA is depleted, claims are paid from your annual 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 threshold

While in your self payment gap (SPG), you must 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

STEP 5: Above-threshold benefit (ATB)

Claims are now paid from the above-threshold benefit. Sub-limits apply

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

See contribution table for values of MSA, AFB, SPG and TL.

DAY-TO-DAY BENEFITS

Your day-to-day benefits and limits

Benefit	Claims paid from MSA and AFB	Claims accumulate to the threshold Level	Benefits payable from the Above threshold Level	Above threshold benefit – Annual limit R7 896 p/b and R15 900 p/f, sub-limits per benefit categories	Claims paid from Risk (not subject to the MSA and AFB)	Limits
General practitioners	✓	✓	✓	Unlimited		Paid at 100% of the agreed tariff.
Specialist consultations	✓	✓	✓	R3 975 per family, subject to overall above-threshold limit		Paid at 200% of AT, accumulation 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 specauth@universal.co.za , with the exception of services provided by an ophthalmologist, gynaecologist or urologist for males over 40 or a paediatrician for children under the age of two
Acute medication	✓	✓	✓	R3 310 per family, subject to overall above-threshold limit		Reference pricing applies
Over-the-counter medication (OTC)	✓					Limited to one script per day and a maximum of R190 per event. Annual limit R885 p/b and R1 250 p/f
Chronic medication 26 CDLs					✓	Unlimited for registered CDL conditions. Reference pricing applies
Chronic medication 45 non-CDLs	✓	✓	✓	R3 975 per family, subject to overall above-threshold limit. Only if day-to-day limit has not been exceeded.		Limited to R10 595 p/b and R15 910 p/f. Reference pricing applies
Basic radiology including black and white X-rays and ultrasound	✓	✓	✓	R3 975 per family, subject to overall above-threshold limit Combined with pathology limit		Paid at 100% of the agreed tariff.
Specialised radiology including MRI/CT and PET scans. (combined in-and out-of-hospital benefit)	R2 365				✓	Paid at 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	✓	✓	✓	R3 975 per family, subject to overall above-threshold limit Combined with radiology limit		Paid at 100% of the agreed tariff.
Basic dentistry	✓	✓	✓	Unlimited		Paid at 100% of the agreed tariff. Unlimited above-threshold.
Specialised dentistry, including maxillo-facial and oral surgery (in-and-out of hospital limits applies)	✓	✓				Paid at 100% of the agreed tariff, limited to R15 305 p/b, same limit applies to the accumulation to threshold. Pre-authorisation required
Optical including optical consultation contact lenses, frame	✓	✓				Paid at 100% SAOA, two optical consultations p/b. Lenses and frames limited to R3 975 p/b, frame sub-limit of R2 010 p/b.
Auxiliary services including: Audiologists, chiropractors, dieticians, homeopathics consultations, naturopathics, speech and occupational therapists, chiropodists/podiatrists, social workers, physiotherapist and biokineticists	✓	✓	✓	Only physiotherapy, biokinetics and occupational therapy are payable from the above-threshold benefit and are limited to R2 660 p/f, subject to the overall above-threshold limit		Paid at 100% of the agreed tariff, limited to R6 610 p/f
Clinical psychologists	✓	✓				Limited to R4 365 p/f
Psychiatry	✓	✓				Limited to R14 580 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 accumulate to the threshold Level	Benefits payable from the Above threshold Level	Above threshold benefit – Annual limit R7 896 p/b and R15 900 p/f, sub-limits per benefit categories	Claims paid from Risk (not subject to the MSA and AFB)	Limits
Surgical and medical appliances including: Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators					✓	100% of cost. Limited to R58 990 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 125
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 the MSA and AFB)	Limits
Wellness Consultations including: 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 pharmacy, 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 years
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 995, once in a lifetime. Cost of programme will be refunded after cotinine proves member is a non-member
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), **Preschool eye and hearing screening** 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 Pinnacle options offers comprehensive in-hospital benefits. As a member of the Pinnacle option you are covered at 100% of the agreed tariff (200% agreed tariff for specialists in-hospital) 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 Pinnacle 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 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, 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 appendicectomy.

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 RP and formulary, limited to seven days supply
GP costs while in hospital	✓		100% of the agreed tariff
Specialist costs while in hospital	✓		200% of the agreed tariff, excluding dental
Surgical prostheses and electronic nuclear devices		✓	100% of the agreed tariff, sub-limits apply
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, payable @ 200% of the agreed tariff and two 2D scans, payable at 100% of 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		✓	Subject to pre-authorization, protocols apply, limited to R235 960 per family
Oncology	✓		Subject to pre-authorization, protocols apply
Professional Sports injuries	✓		Subject to pre-authorization, 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 R5 955 per eye. Subject to pre-authorization, protocols and qualifying criteria, limit includes all related services and hospitalisation
Wound Care in lieu of hospitalisation	✓		Unlimited, pre-authorization required, protocols apply

*p/b = per beneficiary

*p/f = per family

HOSPITAL BENEFITS

Surgical prostheses limits

Procedure (Non-PMB)	Pinnacle
Overall annual limit for internal prostheses (OAL)	R50 000
Coronary Artery stents (subject to OAL)	
Plain (maximum of three)	R11 000
Medicated (maximum of three)	R17 000
Other stents (subject to OAL)	
Aortic aneurysm stents	Subject to OAL
Carotid stents	R15 000
Renal stents	R5 000
Aneurysm coils	R35 000
Heart valves	R 22 000
Orthopaedic prostheses (subject to OAL) two Per family p/y	
Hip prostheses	R37 500
Knee prostheses	R 37 500
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 p/b 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
Artificial limbs (subject to OAL)	
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
Other prostheses (subject to OAL)	
Intra ocular lenses	R4 000
Bladder sling	R6 000
Hernia mesh	R8 000
Vascular grafts	R24 500
Electronic and nuclear devices (subject to PMBs)	
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	R22 000

*p/b = per beneficiary

*p/f = per family

*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 treatments protocols formularies and DSP's.

Cover for chronic conditions

The Pinnacle option covers 71 chronic conditions. The list of 71 chronic conditions is made up of 26 PMB CDL conditions and 45 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 26 PMB CDL conditions are payable from risk, and do not impact on your day-to-day benefits. The 45 non-PMB conditions are payable from the MSA and AFB, and are limited to R10 595 p/b and R15 910 p/f. An above-threshold benefit of R3 975 p/f is available, only if the day-to-day limit has not been exceeded, subject to the overall above-threshold benefit.

The conditions covered on the Pinnacle option are:

Addison's disease*, allergic rhinitis, angina*, ankylosing spondylitis, anorexia nervosa, asthma*, attention deficit disorder, Barrett's oesophagus, Behcet's disease, benign prostatic hyperplasia, bipolar mood disorder*, bronchiectasis*, bulimia nervosa, cardiac arrhythmias*, cardiomyopathy*, chronic bronchitis, chronic obstructive pulmonary disease*, chronic renal failure*, congestive cardiac failure*, Conn's syndrome, connective tissue disorders (mixed), coronary artery disease* , Crohn's disease*, cushing's syndrome, cystic fibrosis, deep vein thrombosis, diabetes insipidus*, diabetes mellitus type 1*, diabetes mellitus type 2*, emphysema*, epilepsy*, gastro-oesophageal reflux disease, generalised anxiety disorder, glaucoma*, gout, haemophilia*, HIV/AIDS*, Huntington's disease, hypercholesterolaemia/hyperlipidaemia*, hypertension*, hypoparathyroidism , hypothyroidism*, ischaemic heart disease*, menopause/HRT*, motor neuron disease, multiple sclerosis*, muscular dystrophy, myasthenia gravis, narcolepsy, obsessive compulsive disorder, osteoarthritis, osteoporosis, paget's disease of the bone, panic disorder, paraplegia/quadriplegia, Parkinson's disease*, pemphigus, peripheral arterio-sclerotic disease, polyarteritis nodosa, post-traumatic stress, psoriasis/psoriatic arthritis, pulmonary interstitial fibrosis, 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 syndrome

*Part of PMBs



CONTACT DETAILS

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Website: www.compcarewellness.co.za

GLOSSARY

CompCare Medical Scheme

AFB	Annual flexi benefit
AT	Agreed tariff
CDL	Chronic disease list
DSP	Designated service provider
MSA	Medical savings account
OTC	Over the counter medicine
P/B	Per beneficiary
P/F	Per family
PMB	Prescribed minimum benefit
RP	Reference pricing
SAOA	South African Optometric Association
SPG	Self-payment gap
TL	Threshold limit
TTO	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

Web: 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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