



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

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



## **THE SYMMETRY OPTION**

Information and benefit guide - 2016



# THE SYMMETRY OPTION

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

## Contributions & Benefits

Monthly Contributions	Principal	Adult	Child
All	R2 901	R2 258	R820

Annual Benefits	Principal	Adult	Child
Annual Flexi Benefit (AFB)	R6 876	R4 368	R1 632
Extended Annual Flexi Benefit	R1 380	R876	R336

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 that is not a full time student by definition. 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 initially paid from the annual AFB. The annual AFB funds are advanced to members at the beginning of the year.

## STEP 2: Additional Benefits (not subject to AFB)

Selected benefits are now paid from risk

Certain benefits are not subject to the AFB e.g. chronic medication, oral contraceptives and surgical appliances. When the AFB is depleted, you will also qualify for unlimited general practitioner and basic dentistry benefits until the end of the year, payable from risk.

Specialist claims are initially paid from the AFB, thereafter, specialist consultation claims are paid from the extended AFB only if a GP referral is obtained and the scheme is notified prior to the visit. **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 AFB are depleted	Claims paid from Risk (not subject to AFB)	Limits
General practitioners	✓	✓		Paid at 100% of the agreed tariff, <b>unlimited</b> once AFB is depleted
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 and urologist visit for males over 40 or a paediatrician for children under the age of two. Once your AFB has been depleted additional specialist visits are paid from the Extended AFB, only if the GP referral is obtained and the scheme is notified prior to the visit.
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 R625 p/b and R1 005 p/f
Chronic medication 26 CDL's and 19 non-CDL's			✓	Limited to R3 975 p/b and R5 955 p/f. Once the limit is depleted, the benefits registered for CDL conditions are unlimited. Reference pricing applies
Basic radiology including black and white X-rays and ultrasound	✓			Paid at 100% of the agreed tariff
Specialised radiology including MRI/CT and PET scan			✓	Paid at 100% of the agreed tariff Limited to R15 930 p/f – combined in-and-out-of-hospital benefit, pre-authorisation required
Basic pathology	✓			Paid at 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 <b>Unlimited</b> once AFB is depleted
Specialised dentistry	✓			Limited to R6 680 p/b. pre-authorisation required
Optical including optical consultation contact lenses, frame	✓			One optical consultation per annum p/b. Lenses limited to R1 785 p/b, R945 per frame / one frame p/b per annum. Paid from AFB, thereafter the balance of the limit is available, frame limit included in the lense limit
<b>Auxiliary services including:</b> Audiologists, chiropractors, dieticians, homeopathic consultations, naturopathics consultations, speech and occupational therapists, chiropodists/podiatrists, social workers, physiotherapists and biokineticists	✓			Limited to R 2 660 p/b

# DAY-TO-DAY BENEFITS

## Your day-to-day benefits and limits

Benefit	Claims paid from AFB	Claims paid from Risk (not subject to AFB)	Limits
Clinical psychologists	✓		Limited to R1 630 p/f
Psychiatry	✓		Limited to R5 545 p/f
<b>Surgical and medical appliances including:</b> Wheelchairs, crutches, glucometers, hearing aids, artificial eyes and external fixators		✓	100% of cost Limited to R13 925 p/f, sub-limits apply. Pre-authorization required
Oxygen home ventilation	✓		Subject to pre-authorization, PMBs and protocols
Private nursing at home	✓		Subject to pre-authorization and protocols in lieu of hospitalisation (excludes post-partum cases)
Ante-natal classes	✓		100% of the agreed tariff Limited to R825
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/f = per family

# WELLNESS BENEFITS

## Risk benefits

Benefit	Claims paid from Risk (not subject to 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) vaccine	✓	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 the member is a non-smoker
Glaucoma screen tests	✓	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

\*p/b = per beneficiary

# HOSPITAL BENEFITS

The Symmetry option offers comprehensive in-hospital benefits. As a member of the Symmetry option you are covered at 100% of the agreed tariff while in hospital. You may go to any hospital and all services in hospital must be pre-authorised 48 hours in advance.

Alternatives to hospitalisation are also covered on the Symmetry option. Benefits are available for step-down nursing facilities, hospice and rehabilitation, subject to pre-authorisation, 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:**

Hysterectomy (except for cancer), laparoscopic hemi-colectomy, laparoscopic inguinal hernia Repair and laparoscopic appendectomy

**The following treatments require a R4 000 co-payment:**

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

## In-Hospital Benefits

Benefit	Unlimited	Limited	Description
Private hospitals and nursing homes	✓		100% of the agreed tariff. <b>Unlimited.</b> Pre-authorisation required. R2 000 co-payment for non-authorisation and R1 000 for late notification
Ward fees: general, high care, intensive care	✓		100% of the agreed tariff, subject to pre-authorisation
Theatre fees	✓		100% of the agreed tariff, subject to pre-authorisation
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	✓		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	✓		100% of the agreed tariff
Basic pathology in hospital & step down facility		✓	100% of the agreed tariff. Limited to R26 425 p/f
Specialised radiology including MRT/CT and PET scans		✓	100% of the agreed tariff, combined in-and-out-of-hospital benefit limited to R15 930 p/f Pre-authorisation required
Confinements		✓	100% of the agreed tariff, pre-authorisation required. Normal birth (limited to two days) and caesarean section (limited to three days) in-hospital, 12 ante-natal visits and two 2D scans
Physiotherapy in hospital & step down facility		✓	100% of the agreed tariff. Limited to R6 610 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-authorisation 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, pre-authorisation and protocols apply
Professional sports injuries	✓		Subject to pre-authorisation and protocols apply
Oncology	✓		Subject to pre-authorisation and protocols apply

## Alternatives To Hospitalisation

Benefit	Unlimited	Limited	Description
Wound care in lieu of hospitalisation	✓		Unlimited, pre-authorisation, protocols apply
Step-down nursing facilities, hospice and rehabilitation	✓		100% of the agreed tariff. Subject to pre-authorisation and protocols
Surgical procedures out-of-hospital	✓		100% of the agreed tariff. Subject to pre-authorisation and protocols
Radial keratotomy / excimer laser		✓	Limited to R4 015 per eye. Subject to pre-authorisation, 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)	Symmetry
Overall annual limit for internal prostheses	R37 500
<b>Coronary Artery stents (subject to OAL)</b>	
Plain (maximum of three)	R11 000
Medicated (maximum 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	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	R175 000
Insulin pumps (subject to OAL)	R22 000

\*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 DSPs.

## Cover for chronic conditions

The Symmetry option covers 45 chronic conditions. The list of 45 chronic conditions are made up of 26 PMB CDL conditions and 19 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 26 PMB CDL conditions and 19 non-CDL conditions are payable from a risk benefit limit of R3 975 p/b and R5 955 p/f, and does not impact on your day-to-day benefits. Once the benefit is depleted, the PMB conditions are unlimited.

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

## The conditions covered on the Symmetry option are:

Addison's disease\*, angina\*, asthma\*, attention deficit disorder, bipolar mood disorder\*, bronchiectasis\*, cardiac arrhythmias\*, cardiomyopathy\*, chronic bronchitis, chronic obstructive pulmonary disease\*, chronic renal failure\*, Congestive cardiac failure\*, coronary artery disease\*, Crohn's disease\*, cushing's syndrome, diabetes insipidus\*, Diabetes mellitus type 1 and 2\*, emphysema\*, epilepsy\*, glaucoma\*, haemophilia\*, hiv/aids\*, hormone replacement for menopause therapy\*, hypercholesterolaemia/hyperlipidaemia\*, hypertension\*, hypoparathyroidism, hypothyroidism\*, ischaemic heart disease\*, multiple sclerosis\*, muscular dystrophy, myasthenia gravis, paget's disease of the bone, paraplegia/quadruplegia, Parkinson's disease\*, pemphigus, polyarteritis nodosa, post-traumatic stress syndrome, pulmonary interstitial fibrosis, rheumatoid arthritis\*, schizophrenia\*, stroke, systemic lupus erythematosus\*, ulcerative colitis\*, unipolar mood disorder/major depression, valvular heart disease

\*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>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.

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