

CompCare

Medical Scheme



SaverCare

/ PLUS



2025 Summary of
benefits

**Get
healthy**

Administered by

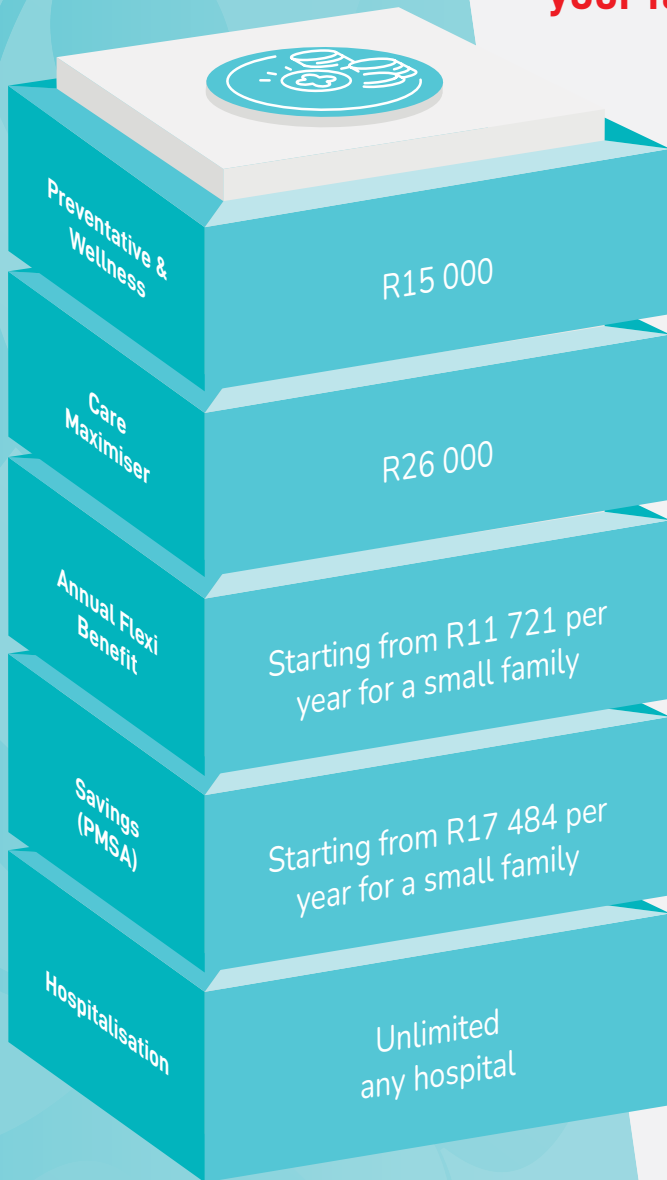


Universal™

CompCare Medical Scheme is administered by
Universal Healthcare Administrators (Pty) Ltd.



Are you an up-and-coming executive or have a young family? SaverCare Plus provides private hospital cover, a savings account, and extra day-to-day cover. Plus, any unused savings roll over to the following year, keeping your family healthy.



Day-to-day benefits

Generous day-to-day cover for your out-of-hospital expenses including GP visits, medicines, and dental care, helping manage healthcare costs.

Preventative care and wellness

These benefits enhance your day-to-day cover with screenings and checkups for early health issue detection, tailored to support overall well-being.

Care Maximiser

The Care Maximiser provides an additional range of day-to-day benefits covered by scheme risk, without impacting your pocket, ensuring extended cover.

Through the Care Maximiser, Preventative Care and Wellness benefits, you can enjoy up to an extra R40 000 in additional cover, on top of your day-to-day benefits.

Comprehensive chronic cover

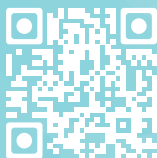
Covers the 27 listed Chronic Disease List (CDL) conditions offering peace of mind for long-term health management.

SaverCare Plus	Principal member	Adult dependant	Child dependant
Contribution	R3 999	R3 340	R1 198
PMSA	R7 188	R6 000	R2 148
AFB	R4 809	R4 020	1 446

Child rates apply until the child turns 21 years. Members only pay for a maximum of 3 children.



Scan to apply online



Scan to speak to an independent adviser to join

Speciality healthcare bundles



Our speciality bundles provide personalised healthcare enhancements for every life stage, tailored to children, men, and women. These benefits support active lifestyles and emotional well-being, with some funded by the PMSA and Care Maximiser.



Kids

We take special care of the little ones with our unique range of kids benefits.

- Newborn hearing screening benefit
- Newborn congenital hypothyroidism test
- Baby wellness visits
- Childhood immunisations
- School readiness assessments
- Pre-school eye, hearing, and dental screening
- One additional emergency room visit for children younger than 6 years
- Three additional paediatric consultations
- Unlimited GP consultations and basic dentistry for children younger than 6 years
- Initial occupational therapy consultation
- Kids' fitness assessment and exercise prescription programme
- Kids' nutritional assessment and healthy eating programme



Women

We support women's health with tailored benefits for professionals and growing families.

- Antenatal classes and visits
- Maternity bag
- Confinements including 2D ultrasound scans
- Breast pump per pregnancy on options with a PMSA
- One additional nutritional and fitness assessment per pregnancy
- Contraceptives
- HPV (Cervical Cancer) vaccine
- Papsmear screening
- Mammogram
- Access to all Preventative Care benefits
- Access to all Active Lifestyle Programmes
- Access to all Emotional Wellness benefits



Men

We recognise men's diverse health needs. Our benefits enhance well-being for young professionals, family men, and executives.

- Prostate-specific antigen (PSA) blood test
- Access to all Preventative Care benefits
- Access to all Active lifestyle programmes
- Access to all Emotional Wellness benefits



Preventative care benefits

We prioritise prevention, offering extensive care benefits for proactive health, all paid from risk.

- **Health check:** Blood pressure, blood sugar, cholesterol, BMI and waist circumference
- Rapid HIV test
- Flu vaccine
- Tetanus vaccine
- Glaucoma test
- Colorectal cancer screening
- Lipogram

Emotional wellness

We provide comprehensive emotional wellness support for our members.



- Psychiatric and psychological treatment in and out of hospital
- Alcoholism, drug dependence and narcotics
- Psychosocial counselling with unlimited telephonic counselling including 3 face-to-face sessions

Travel cover

Travel is about adventure and creating memories. Our benefits ensure you're covered for the unexpected.



- Preventative malaria medication
- Travel vaccinations such as Yellow Fever, Typhoid Fever, Hepatitis A, Rabies and Meningococcal disease
- International Travel cover for emergency medical costs (via Universal Rewards)

Professional and adventure sports cover

Embracing adventure and professional sports, our benefits protect you against unexpected injuries.



- Unlimited emergency evacuation, including airlifts
- Emergency search and rescue
- Hospitalisation due to professional sport injuries are covered at 100% of the scheme rate

Active lifestyle programmes

Benefits to support you in attaining your health and fitness goals.



- **Fitness assessment and exercise prescription:** Access to the Universal Network of biokineticists for annual fitness assessment, virtual consultations, exercise prescription and regular monitoring
- **Nutritional assessment and healthy eating plan:** Access to the Universal Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription, and regular monitoring



Preventative care and wellness benefits

Enjoy the comprehensive preventative care and wellness benefits to proactively manage your health. From routine screenings and vaccinations to personalised nutrition plans and fitness support, we help you to stay healthy and prevent illness without having to use your day-to-day benefits.

Total value in addition to your day-to-day benefits

R15 000

Essential health test

Blood pressure, blood sugar, cholesterol, BMI and waist circumference:

- One measurement per beneficiary over the age of 18 years, limited to R287 per event. Only at a DSP pharmacy.



Rapid HIV test

As required.



Prophylaxis for malaria

Preventative medicine as required.



Flu Vaccine

One per beneficiary per annum.



Tetanus vaccine

One injection when required.



PSA (Prostate Specific Antigen)

One test per male beneficiary over the age 40.



Bowel cancer screening test

One test every 24 months (from date of service) for beneficiaries between the ages of 45 and 75.



Glaucoma test

One per beneficiary per annum.



Lipogram

One fasting lipogram per beneficiary over the age of 20 years. Once every five years.



Pap smear

One test per female beneficiary over the age of 18 per annum.



Mammogram

One test per female beneficiary over the age of 35 every second year.



HPV (cervical cancer) vaccine

One course per female beneficiary between 12 and 18 years of age per lifetime.



Adult and child pneumococcal vaccine

Per beneficiary as required, subject to pre-authorisation and protocols.



Fitness assessment and exercise prescription

- Access to Universal's Network of biokineticists for annual fitness assessments, virtual consultations, exercise prescription and regular monitoring.
- One additional assessment per pregnant member per pregnancy. Strict protocols apply.



Nutritional assessment and healthy eating plan

- Access to Universal's Network of dietitians for annual assessment, virtual consultations, healthy eating plan prescription and regular monitoring.
- One additional assessment per pregnant member per pregnancy. Strict protocols apply.



Travel vaccinations such as Yellow Fever, Hepatitis A, Rabies and Meningococcal disease

Per beneficiary as required.





Care Maximiser

Unlock additional benefits with our Care Maximiser. Designed to help you stretch your benefits further, the Care Maximiser ensures that you get more value from CompCare - because your health deserves more.



The Care Maximiser will become available once the PMSA is depleted.

Unlocking your Care Maximiser is easy.

To activate your Care Maximiser benefit, all you need to do is go for your essential health test.

All adult beneficiaries on your medical aid plan need to go for the following health tests at any of our DSP pharmacies:

Blood pressure measurement

Blood sugar test

Cholesterol test

BMI and waist circumference

Two virtual consultations (including acute medicine). Universal Network applies.	✓
Unlimited nurse advice online chats.	✓
GP wellness consultation: One visit PB per annum excluding procedures. Limited to tariff code 0190/1/2 and ICD10 Z00.0 or Z00.1.	✓
Unlimited GP visits for children <6 years old.	✓
Unlimited basic dentistry for children <6 years old.	✓
Emergency room visit for children <6 years old.	To a maximum of R1 550 per event, if not a PMB.
Contraceptives up to the age of 55 years (Oral/IUD device).	13 scripts to a maximum of R3 540, OR an IUD to a maximum of R3 540.
Covid benefit <ul style="list-style-type: none">• Pulse Oximeter: R850 per family• Nebulizer: R550 per family• Thermal Thermometer: R450 per family	To the maximum value of R1 850.
Home test bundle <ul style="list-style-type: none">• One Covid test• One urinary tract test• One ovulation test• One pregnancy test	Overall limit of R350. ✓ ✓ ✓ ✓
Antenatal visits with a GP, specialist or midwife.	100% of the scheme rate. 12 antenatal visits.



Day-to-day benefits



Day-to-day benefits cover routine healthcare costs such as GP visits, prescription medicine, dental check-ups, radiology, pathology and optometry.

How are these benefits covered?



Personal Medical Savings Account (PMSA)

A portion of your monthly contributions is allocated to cover your day-to-day medical expenses.



Annual Flexi Benefit (AFB)

The AFB is an insured benefit. Fixed amounts provided by CompCare to cover day-to-day medical expenses. These benefits are subject to specific limits, co-payments, or specified conditions. Day-to-day claims are paid directly from the AFB.

Day-to-day benefits 15% PMSA
AFB:
All day-to-day benefits will first be paid from the PMSA (except for PMBs). Once the PMSA is depleted, it will be paid from the AFB:
P: R4 809 A: R4 020 C: R1 446

General practitioner 100% of the scheme rate.
Virtual and face-to-face consultations, procedures and material costs
First paid from the PMSA, then the AFB once the PMSA is depleted.

Specialists 100% of the scheme rate.
First paid from the PMSA, then the AFB once the PMSA is depleted.
Referral by a GP is required, and pre-authorisation applies to avoid a 35% co-payment.

Chronic medicines 100% of reference price.
(27 CDL conditions)
First paid from the AFB. The Scheme will cover the costs once the AFB is depleted.
Subject to formularies, protocols and pre-authorisation.
25% co-payment for non-formulary medicine.

Medicine for non-CDL conditions No additional benefits for non-CDL chronic conditions.
Cover is provided for the 27 listed CDL conditions.

Acute medicines 100% of the scheme rate.
First paid from the PMSA, thereafter from the AFB.
AFB:
Limited to R2 000 PMF, subject to available AFB.
25% co-payment on medicines where no generic is available.
Reference price (RP) applies.
MMAP applies.

Over-the-counter medication and homeopathic medicines 100% of the scheme rate.
Paid from the PMSA, including specified sports supplements, provided there is a valid NAPPI code.
AFB:
No benefit.

Basic radiology 100% of the scheme rate.
Black and white X-rays and ultrasound
First paid from the PMSA, thereafter from the AFB.
AFB:
Limited to R2 000 PMF, subject to available AFB.
Referral by a GP is required to avoid a 35% co-payment.

All specialised radiology 100% of the scheme rate.
Including MRI and CT scans
Pre-authorisation and a medical motivation are required for MRI, CT and high-resolution CT scans.
Limited to R30 000 PMF unless otherwise pre-authorised.
R3 800 co-payment payable from the PMSA.
Combined limit in-and-out of hospital.

Day-to-day benefits (continued)

Pathology	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. AFB: Limited to R2 000 PMF, subject to available AFB. Referral by a GP is required to avoid a 35% co-payment.	Psychosocial counselling benefit	Paid from risk. Unlimited telephonic counselling sessions through the Universal Wellness Care Centre, with an option for referral to one-on-one sessions with qualified psychologists, social workers or registered counsellors to a maximum of 3 referral sessions PB per year.
Conservative dentistry Including consultations, preventative care, fillings, extractions including wisdom teeth, root canal treatment and infection control	100% of the scheme rate. First paid from the available PMSA, thereafter from the AFB. Protocols apply. AFB: Limited to R2 000 PMF, subject to available AFB.	Oxygen home ventilation	100% of the scheme rate. First paid from the AFB. Subject to protocols and pre-authorisation.
Specialised dentistry Including maxillofacial and oral surgery-in-and-out of hospital combined benefit (A quotation must be submitted for approval prior to the commencement of the treatment. Orthodontic treatment for patients older than 18 is excluded.)	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Protocols apply. AFB: Limited to R2 000 PMF subject to available AFB.	Home nursing visits Nursing services by registered nurses or nursing assistants for the acute phase after hospitalisation or in lieu of hospitalisation (not for custodial or chronic care).	100% of the scheme rate. First paid from the PMSA, thereafter from the AFB. Subject to protocols and pre-authorisation.
Optometry visits	100% of the scheme rate. One visit PB every 12 months (from date of visit) paid from the PMSA. AFB: No benefit.	Antenatal classes	100% of the scheme rate. Subject to the PMSA. Limited to 12 antenatal classes and a lactation consultation with a midwife and limited to R1 800 per pregnancy.
Lenses and contact lenses	100% of the scheme rate. Paid from the PMSA. AFB: No benefit.	Antenatal visits and scans	100% of the scheme rate. Limited to 12 antenatal visits with a GP, specialist or midwife. Paid from the PMSA and Care Maximiser. Foetal scans limited to 2 x 2D scans PB per year and you can opt for a 3D scan (paid at the rate of a 2D scan). Pre-authorisation required and subject to protocols.
Frames	100% of the scheme rate. Paid from the PMSA. AFB: No benefit.	Maternity bag	Maternity bag issued with registration on maternity programme.
Speech therapists, social workers, podiatrists, occupational therapists, homeopaths and naturopaths, dietitians, chiropractors (X-rays excluded), audiologists, physiotherapists and biokineticists	100% of the scheme rate. Paid from the PMSA. AFB: Limited to R2 000 PMF subject to available AFB. Combined in-and out-of-hospital limit, subject to AFB limit.	International travel Healthcare services while traveling outside of the borders of South Africa	Subject to benefits per individual benefit category. Paid at South African rates. Register your journey and obtain a travel certificate on www.tic.co.za/compicare
Clinical psychologists and psychiatry (GP referral required)	100% of the scheme rate. Clinical psychologists and psychiatry. Non-PMB treatments are paid from the PMSA. PMB benefit: Up to a maximum of 21 days' admission OR 15 consultations. The 15 consultations will first be paid from the AFB, thereafter it is covered by the Scheme.	Emergency room child benefit	One additional visit at an emergency room per annum per child younger than 6 years. Visit to emergency room is limited to R1 550 per event. Paid from the Care Maximiser.
Surgical and medical appliances E.g. wheelchairs, crutches, glucometers, artificial eyes and external fixators. Pre-authorisation is required.	100% of the scheme rate. First paid from PMSA, thereafter from the AFB. Sub-limits and protocols apply. AFB: Limited to R2 000 PMF and subject to available AFB.	Emergency roadside assistance and ambulance transportation provided by Netcare 911	100% of the scheme rate. In non-emergency cases, authorisation must be obtained from Netcare 911 at the time of transportation or within 24 hours thereof, failing which will result in a 25% co-payment.
		Hospital emergency room and casualty emergency visits not requiring admission. Excluding facility fees	Paid from the AFB.
		Hospital emergency as a result of physical injury caused by an external force	100% of the scheme rate. Subject to protocols and PMBs.



Hospitalisation

and major benefits

Extensive hospital and major benefit cover ensure financial protection in case of medical emergencies, covering hospital stays, surgeries and other life-saving medical procedures. For any hospital stay, it is important to obtain pre-authorisation to avoid unnecessary out-of-pocket expenses. All hospital visits and related treatment are subject to case management, specialist programmes and Scheme protocols. These measures are put in place to ensure that members obtain quality, appropriate care at specially negotiated tariffs.

Hospitalisation	100% of the scheme rate. Any private hospital. Subject to pre-authorisation and managed care protocols.	Pathology	100% of the scheme rate. Unlimited. Subject to protocols.
GPs and specialist treatment while in hospital.	Unlimited. 100% of the scheme rate. Subject to pre-authorisation and managed care protocols.	Confinements	100% of the scheme rate. Subject to pre-authorisation and protocols. Unlimited.
Medication - only while in hospital	100% of cost.	Alcoholism, drug dependence and narcotics	Unlimited for PMBs. Subject to pre-authorisation and protocols.
Medication on discharge from hospital (TTO)	Limited to 7 days per discharge. Subject to Reference Pricing (RP) and formularies.	Organ transplants, plasmapheresis, renal dialysis	Unlimited for PMBs. Subject to pre-authorisation and protocols. A DSP may apply.
Surgical prostheses	Subject to pre-authorisation and protocols. Limited to an overall benefit amount of R36 750. Sub-limits per category apply.	Professional sports injuries	100% of the scheme rate. Subject to pre-authorisation and protocols.
Auxiliary services such as physiotherapy, psychology, etc.	100% of the scheme rate. Limited to a collective sub-limit of R3 500 PMF, in-and-out of hospital. Subject to pre-authorisation and protocols. A separate pre-authorisation number is required - the claim will not be paid under the hospital pre-authorisation. A 20% co-payment will apply if not pre-authorised.	Oncology including chemotherapy and radiotherapy	100% of the scheme rate. Unlimited at our oncology DSP. Subject to pre-authorisation and protocols. Oncology formulary applies.
Psychiatric treatment in hospital	100% of the scheme rate. Subject to pre-authorisation, protocols and PMBs. Up to a maximum of 21 days' admission OR 15 consultations which will first be paid from the AFB (where applicable), thereafter it is covered by the Scheme.	Biologicals and specialised medication	Unlimited for PMBs. Subject to pre-authorisation and PMB protocols.
Psychology (non-psychiatric admissions)	Limited to R2 190 PMF. Subject to pre-authorisation and protocols.	Alternatives to hospitalisation	
All specialised radiology including MRI and CT scans	100% of the scheme rate. Pre-authorisation and medical motivation are required for MRI, CT and high resolution CT scans. Limited to R30 000 PMF unless otherwise pre-authorised. R3 800 co-payment payable from the PMSA. Combined limit in-and-out of hospital.	Step-down nursing facilities, hospice, rehabilitation and home-based care in lieu of hospitalisation	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.
Basic radiology	100% of the scheme rate. Unlimited. Subject to protocols.	Surgical procedures out-of-hospital	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.
		Refractive eye surgery	100% of the scheme rate. Paid from the PMSA. Subject to pre-authorisation, clinical guidelines and protocols.
		Wound care in lieu of hospitalisation	100% of the scheme rate. Unlimited. Subject to pre-authorisation, clinical guidelines and protocols.



Important to remember: This is a summary of the benefits. For full details, please consult the official Rules of CompCare Medical Scheme (subject to approval by the Council for Medical Schemes). In case of a dispute, the rules of CompCare Medical Scheme will apply. Benefits for members joining during the year will be prorated.

Always make sure you use a network hospital (where applicable) to avoid co-payments. For any procedures requiring a specialist, it's crucial to ensure that the specialist operates or attends to you at a network hospital. A 35% co-payment will apply to the voluntary use of a non-DSP/network hospital/facility, including all associated costs such as specialists, pathology, radiology etc.