

FROM **R404** PER MONTH*

CompCare

Wellness

2019

UNLIMITED visits to the doctor

COVER FOR ACUTE MEDICINE

OPTOMETRY AND DENTAL BENEFITS

COVER WHEN INJURED,
even during extreme sports

EMERGENCY ASSISTANCE,
including airlifts from the scene of an accident

RADIOLOGY, PATHOLOGY AND SPECIALIST CONSULTATIONS

A single view chest x-ray for study visas



Excellent 'out-of-hospital' benefits 

Repatriation cover via the free loyalty programme, Universal 360° 

Playing sport? We've got you covered 

NETWORK

SO MUCH MORE THAN JUST HEALTHCARE COVER

SMS 'youth' to 32673 if you are keen to find out more



Universal
Administrators

The NETWORKX Option 2019

In-hospital benefits

Prescribed Minimum Benefits:

Overall Annual Limit (OAL) for non-PMB and elective admissions

- Unlimited – subject to scheme protocols
- R1 218 000 per family per year

Services covered in hospital

100% of the agreed tariff (AT), subject to the Overall Annual Limit, pre-authorisation and Network DSP hospitals. All treatment in hospital is subject to case management and scheme protocols

- GPs and specialists
- Ward fees – general, ICU and high care
- Theatre fees
- Medication while in hospital
- Blood transfusions
- Oncology
- Surgical prostheses (PMB only)
- Clinical technologists limited to R11 000 per family
- Radiology – MRI, CT and PET scans
- Pathology
- Confinements
- Psychiatric treatment limited to 21 days in hospital
- Organ and bone marrow transplants, plasmapheresis and renal dialysis (PMB only)
- Cover for injuries sustained whilst participating in professional sports
- Emergency medical treatment for injuries resulting from accidents or trauma
- Physiotherapy – limited to R2 500 per family. Combined auxiliary services limit in and out of hospital.
- Alcoholism, drug dependence and narcotism

Cover for chronic conditions

27 chronic conditions covered

Chronic medication is subject to the Core Formulary list of medicines and a Formulary reference price (FRP). Members are required to register for all chronic conditions

- Chronic medication is unlimited, subject to medicine formulary and if prescribed by a **Universal Network Provider** and dispensed within a Universal Network pharmacy or by a dispensing Universal Network GP. Any voluntary use of chronic medicine prescribed by an out-of-network provider and any non-formulary medicines are for the member's own account, unless pre-authorised by the medical advisor. (PMB rules apply)
- Subject to formulary reference pricing

Unlimited day-to-day services

Not subject to the Annual Flexi Benefit (AFB)

Services subject to the use of the Universal Provider Network

- GP visits – unlimited at a Universal Network GP, subject to clinical necessity. Clinical motivation may be required to authorise more than 3 GP visits per beneficiary per year.
- Two out-of-network visits per beneficiary per annum. A 20% co-payment applies. Members are required to pay at point of service and claim back from the scheme. Benefits per event (including medicines, pathology and radiology) and excluding facility fees are limited to R1 100 per event.
- Acute medication – unlimited if prescribed by a Universal Network GP, or by a specialist provided member referred by a Universal Network GP. Subject to formulary. A 25% co-payment will apply if medicine is not on the formulary. No cover for non-formulary medicines unless otherwise pre-authorised. No cover in case of voluntary use of non-Universal providers, or voluntary use of specialist without referral by a Universal Network GP
- Basic radiology – unlimited, subject to specific codes- referral by a Universal Network GP required
- Basic pathology – unlimited, subject to specific codes- referral by a Universal Network GP required

Day-to-day services paid from the Annual Flexi Benefit (AFB) at 100% of the agreed tariff

AFB – R3 080 per beneficiary per year
R4 600 per family per year

- Specialist consultations – limited to two per beneficiary, maximum of three per family, subject to referral by a Universal Network GP, pre-authorisation required. Referrals limited to specialists in DSP Network hospitals only. Two ante-natal visits per pregnancy
- Basic dentistry – limited to one consultation per beneficiary including preventative care, infection control, fillings, extractions and dental X-rays at a Universal Network dentist – R1 575 per beneficiary up to R2 620 per family, subject to AFB
- Optometry – limited to one test per beneficiary every 24 months, including lenses – clear plastic lenses for single vision and frames limited to R860 per beneficiary. Bi-focals and frames limited to R1 380 per beneficiary at a Universal Network optometrist, subject to AFB
- Hospital emergency room/casualty emergency visits

Wellness: Lifestyle and preventative care

Paid from risk

- Blood pressure, blood sugar, cholesterol, BMI and waist circumference- one measurement per beneficiary over the age of 18 years. Limited to R190 per event, subject to AFB
- Flu vaccinations – one vaccination per beneficiary per annum, subject to AFB
- HIV tests – one per beneficiary per annum, subject to AFB
- Emotional wellness benefit, subject to AFB

This summary is for information purposes only and does not supersede the rules of the Scheme. In the event of a discrepancy between the summary and the rules, the rules will prevail. On joining the scheme, all members will receive a detailed member brochure, as approved. The final registered rules of the scheme will apply.

