CompCare

Medical Scheme

Scan to sign up now OR SMS 'youth' to 32673 if you're keen to find out more





Medical aid for international students

From only

R520 Per Month (2024 rates)



UNLIMITED hospitalisation



UNLIMITED doctor visits



Excellent OUT-OF-HOSPITAL benefits



EMERGENCY ASSISTANCE, including airlifts



PLAYING SPORT? We've got you covered



RADIOLOGY, chest x-ray for visas purposes



REPATRIATION COVER via Universal 360°



NEW Pap Smear

NEW

NEW Mammogram







CompCare Umbono Option | 2024

In-hospital benefits

Overall Annual Limit (OAL)

Services covered in hospital

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

- The Umbono option covers unlimited cover for in hospital related services at a network of private hospitals at 100% of the Scheme rate
- Specialists are paid at 100% of the Scheme rate.
- 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 **R12 000** per family Radiology MRI, CT and PET scans
- Pathology
- Confinements
- Psychiatric treatment subject to pre-authorisation and protocols (PMB only)
- 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 970 per family. Combined auxiliary services limit in and out of hospital
- Alcoholism, drug dependence and narcotism

Cover for chronic conditions

32 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

Services subject to the use of the Universal Provider Network

- GPs
 - In-Network: Unlimited for clinically necessary services subject to network rules and guidelines
 - Unlimited face-to-face consultations within the Universal Network. The 1st 4 visits not authorised. Member to choose two doctors (close to home and work) from the 5th visit. Pre-authorisation required from 6th visit
 - Virtual consultations unlimited at participating providers
 - Out-of-Network: 2 visits PR
 - $Limited \ to \ \textbf{R1 950} \ per \ event \ including \ medicines, pathology, radiology \ (all \ related \ costs). \ A 20\% \ co-payment \ applies \ Member \ and \ applies \ Member \ applies \ Applies$ to pay at point of service and claim back from the Scheme
- 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 Universal Care approved codes. Referral from a Network GP required
- Basic pathology: Unlimited subject to Universal Care approved codes and managed care protocols. Referral from a Network GP required

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

AFB - R3 780 per beneficiary per year R5 570 per family per year

- Specialist consultations Subject to referral from a Universal Care Network GP. Limited to 2 visits per beneficiary and 3 visits PMF per year. Subject to AFB. Once benefit is depleted, PMB rules apply
- 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 950 per beneficiary up to R3 300 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 R1 100 per beneficiary. Bi-focals and frames limited to R1 750 per beneficiary at a Universal Network optometrist, subject to AFB
- Out of hospital physiotherapy
- Hospital emergency room/casualty emergency visits for non-emergency consultations

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 R275 per event
- Flu vaccinations one vaccination per beneficiary
- 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 Oral contraceptives limited to R180 per beneficiary per month. Subject to medication formulary

NEW Pap smear: One per female beneficiary over the age of 18 per year

NEW Mammogram: One per female beneficiary over the age of 35 every second year

NEW Prostate-specific antigen (PSA) blood test: One test per male beneficiary over the age of 40 per year



🖈 Want to know more?

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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.