

CompCare

Medical Scheme

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



2025 Umbono

Medical aid for international students

/ PLUS

From only

R565

Per Month
(2025 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
Visa purposes

REPATRIATION
COVER
via Universal
Rewards

PREVENTATIVE
CARE BENEFITS
to the value of
R6 000

#Get healthy

0860 735 363

student@universal.co.za

Administered by



Universal™

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



CompCare Umbono Plus Option | 2025

In-hospital benefits

Overall Annual Limit (OAL)

- 100% of the agreed tariff (AT), unlimited, subject to pre-authorization and scheme protocols.
- Specialists are paid at 100% of the Scheme rate.

Services covered in hospital

100% of the agreed tariff (AT), subject to pre-authorization 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 (unlimited for PMBs)
- Clinical technologists limited to **R12 000**
- Radiology – MR and CT scans
- Pathology
- Confinements
- Psychiatric treatment – subject to pre-authorization and protocols (unlimited for PMBs)
- Organ and bone marrow transplants, plasmapheresis and renal dialysis (unlimited for PMBs)
- Cover for injuries sustained whilst participating in professional sports
- Emergency medical treatment for injuries resulting from accidents or trauma
- Physiotherapy – limited to **R3 100** per member 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-authorized 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

- GPs
 - In-Network: Unlimited.
 - Pre-authorization may be required after the 4th visit.
 - Virtual consultations unlimited at participating providers
 - Out-of-Network: 2 visits PB.
 - Limited to **R2 000** per event including medicines, pathology, radiology (all related costs).
 - A 20% co-payment applies. Member 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-authorized. 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 900** per beneficiary per year
R5 800 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 – **R2 000** per beneficiary up to **R3 440** per family, subject to AFB
- Optometry – limited to one test per beneficiary every 24 months. Benefit for glasses with frame or contact lenses every 24 months. Lenses – clear plastic lenses for single vision and frames limited to **R1 150** per beneficiary. Bi-focals and frames limited to **R1 800** per beneficiary at a Universal Network optometrist, subject to AFB
- Out of hospital physiotherapy limited to **R3 100** PMF (paid from risk). This forms part of the in and out of hospital auxiliary benefit limit of **R3 100**.
- 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 **R280** 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 **R190** per beneficiary per month. Subject to medication formulary
- **Pap smear:** One per female beneficiary over the age of 18 per year
- **Mammogram:** One per female beneficiary over the age of 35 every second year
- **Prostate-specific antigen (PSA) blood test:** One test per male beneficiary over the age of 40 per year

To register for affordable membership, please click on www.studentplan.co.za to renew your membership or join online!

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. This is subject to approval by the Council for Medical Schemes.

*Terms and conditions apply