

NETCARE  
plus



INSURANCE

# More care

## for essential medical needs

NetcarePlus PrimaryCare



Providing YOU with the best and safest care.



# Contents



01 About NetcarePlus PrimaryCare

02 Primary healthcare benefits

03 Chronic conditions

04 Additional information

05 Claim payments

## NetcarePlus PrimaryCare

Powered by the Universal Health and Accident Plan, NetcarePlus PrimaryCare offers employees without medical aid access to private, quality care for primary day-to-day healthcare needs.



### Universal Health and Accident Plan

Covers essential day-to-day healthcare needs including GP visits, medication, X-rays and blood tests.

Benefits	Standard	Essential
Doctor consultations		Unlimited
Medical procedures in doctor's rooms	Up to five visits each year	Unlimited
Day-to-day medicine		Unlimited
Chronic medicine	Cover for 15 conditions	Cover for 26 conditions
Dentistry	Emergency dentistry only	Basic and emergency dentistry
Optometry	One eye test and one pair of glasses every 24 months	One eye test and one pair of glasses every 24 months
Pathology and radiology	Covered when referred by a network doctor	Covered when referred by a network doctor
Maternity	Not covered	Two foetal growth scans and specified pathology tests (GP visits covered under the GP visit benefit)



#### Added cover for accidents beyond day-to-day needs

Employees can be covered in full with our NetcarePlus EmergencyCare product that provides cover for accidents and trauma events.

#### PLEASE NOTE

This is not a medical scheme and the cover is not the same as that of a medical scheme. This insurance product is not a substitute for medical scheme membership.

# Primary healthcare benefits

Benefits	Standard	Essential																																																																				
 <p><b>General practitioners</b></p>	Five events at a Universal Network doctor for each insured person per 12-month period, including medicines. The Universal Network doctor can also perform specified small office procedures e.g. stitching of a wound.	Unlimited events at a Universal Network doctor for each insured person per 12-month period, including medicines. The Universal Network doctor can also perform specified small office procedures e.g. stitching of a wound.																																																																				
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 <p><b>Basic radiology (X-rays)</b></p>	An x-ray may be required to confirm an illness. The Universal Network doctor may request an x-ray during one of the 5 allocated doctor events. X-rays will be funded up to the benefit limit per event subject to the availability of benefits.	An x-ray may be required to confirm an illness. The Universal Network doctor may request an x-ray during a doctor event. X-rays will be funded up to the benefit limit per event subject to the availability of benefits.																																																																				
 <p><b>Basic pathology (Blood tests)</b></p>	A blood test may be required to confirm an illness. The Universal Network doctor may request a blood test during one of the 5 allocated doctor events. Blood tests will be funded up to the benefit limit per event subject to the availability of benefits.	A blood test may be required to confirm an illness. The Universal Network doctor may request a blood test during a doctor event. Blood tests will be funded up to the benefit limit per event subject to the availability of benefits.																																																																				
 <p><b>Optometry</b></p>	One eye test event and one pair of single or bifocal lenses and frames, reimbursed up to a benefit limit per event, per insured person every 24-months at a Universal Network optometrist.	One eye test event and one pair of single or bifocal lenses and frames, reimbursed up to a benefit limit per event, per insured person every 24-months at a Universal Network optometrist.																																																																				
 <p><b>Dentistry</b></p>	Specified emergency dental procedures, at a Universal Network dentist, reimbursed up to a procedure and/or benefit limit per event, per insured person per 12-month period, subject to the overall annual limit.	Specified dental procedures, at a Universal Network dentist, reimbursed up to a procedure and/or benefit limit per event, per insured person per 12-month period.																																																																				
 <p><b>Maternity</b></p>	No benefit	Access to 2 ultrasound scans during pregnancy, performed or requested by a Universal Network General Practitioner and specified pathology tests, per insured female person per 12-month period. Reimbursed up to the procedure and/or benefit limit, as specified, per event.																																																																				

The use of Universal Network Providers are encouraged. The use of non-network providers may impact your benefits.

# Chronic conditions covered

Condition	Standard	Essential
Asthma	✓	✓
Bronchiectasis	✓	✓
Cardiac Arrhythmias	✓	✓
Cardiomyopathy	✓	✓
Chronic Obstructive Pulmonary Disease	✓	✓
Congestive Cardiac Failure	✓	✓
Coronary Artery Disease	✓	✓
Diabetes Mellitus Type 1	✓	✓
Diabetes Mellitus Type 2	✓	✓
Epilepsy	✓	✓
Hyperlipidaemia	✓	✓
Hypertension	✓	✓
Hypothyroidism	✓	✓
Glaucoma	✓	✓
Parkinson's Disease	✓	✓
Addison's Disease	✗	✓
Chronic Renal Disease	✗	✓
Crohn's Disease	✗	✓
Diabetes Insipidus	✗	✓
Menopause	✗	✓
Multiple Sclerosis	✗	✓
Psoriasis	✗	✓
Rheumatoid Arthritis	✗	✓
Stroke	✗	✓
Systemic Lupus	✗	✓
Ulcerative Colitis	✗	✓

Chronic medication may be obtained from a Universal Network dispensing doctor or a Universal Network pharmacy. A stated benefit amount will be paid per insured person per month per registered condition.



# Additional information

## Waiting periods

Waiting periods that may apply when joining:

Type	Waiting period	Rules
General waiting period	3 months from the start date of the policy	No claims will be paid for any event or treatment for a period of 3 (three) months from the cover start date.
Pre-existing medical conditions	12 months from the start date of the policy	No claims will be paid for any event or treatment for any Pre-existing Medical Condition, including a physical defect, Bodily injury, disease, illness, or health condition for which medical advice, diagnosis, care or treatment was sought, received or recommended or which would have caused a reasonable and prudent person to seek medical advice and/or treatment, within 12 (twelve) months prior to the first day of cover.

## Cover eligibility

Persons that can be covered on the policy:

Insured person	Maximum nr of people	Rules
Principal insured person	1	Not applicable
Adult dependant	1	Must be the principal insured person's spouse or life partner
Child dependants	Not applicable	Must be an unmarried dependent child under the age of 18 (eighteen) years who is financially dependent on the principal insured
Over 18 years dependants	Not applicable	Must be a child over the age of 18 (eighteen) years, who is unmarried and financially dependent on the principal insured

## Claim payments

How are medical expense claims settled?

- 01 Claims for treatment by a provider on the Universal Healthcare Network will be sent to Universal electronically. The compensation amount is payable to the Universal Network Provider on the insured person's behalf.
- 02 In the event of the insured person obtaining services from a non-network provider, they can submit the claim to us by emailing [claims@netcareplus.co.za](mailto:claims@netcareplus.co.za)
- 03 The insured person must ensure all claims documents are submitted within 120 (one hundred and twenty) days of the incident or occurrence, which may result in a benefit payable under this policy. Documentation must be sent to [claims@netcareplus.co.za](mailto:claims@netcareplus.co.za)

MUTUAL & FEDERAL | risk financing

The Universal Health and Accident Plan is administered by Universal Health Cover (Pty) Ltd and NetcarePlus, authorised Financial Services Providers. Underwritten by Mutual and Federal Risk Financing Limited (Reg no 1966/10741/06), a Licensed Non-Life Insurer and authorised Financial Service Provider.



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