



2019 OPTION OVERVIEW



taking care of our own

OPTION Option Type	ESSENTIAL Capitation PMB exempt	CUSTOM Capitation PMB exempt	HOSPICARE Prescribed Minimum Benefit	HOSPICARE NETWORK Prescribed Minimum Benefit	CLASSIC Comprehensive care with Savings	CLASSIC NETWORK Comprehensive care with Savings	OPTIMUM Traditional comprehensive care
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IN HOSPITAL BENEFITS: SUBJECT TO PRE-AUTHORISATION AND SCHEME PROTOCOLS

Public Hospital	✓	✓	✓	✓	✓	✓	✓
Private Hospital limits	Stabilisation only	M: R295 380 M+: R519 100 Life Health Care	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Network: 30% co-payment for use of Non-Network Hospital			Any	Life Health Care	Any	Life Health Care	Any
Medicine to Take Out 7 day's supply per event	✓	✓	✓	✓	✓	✓	✓
Internal Prosthesis limit per family per annum	R8 590	R14 310	PMB only	PMB only	R33 516	R33 516	R39 498
External Prosthesis limit per family per annum	R5 720	R 9 540			R22 344	R22 344	R26 332
Oncology Generic reference pricing applies Non-PMB Limits per family		R66 240	PMB only	PMB only	R500 000 20% co-pay once limit reached	R500 000 20% co-pay once limit reached	Unlimited
Reconstructive Surgery Non-PMB Limits per family			PMB only	PMB only	R61 520	R61 520	R61 520
Organ and Tissue Transplant Non-PMB limits per family			PMB only	PMB only	R61 520	R61 520	R61 520
Rehabilitation: Alcohol and Drug SANCA approved facility		✓	PMB only	PMB only	✓	✓	✓
Mental Health		R21 090	PMB only	PMB only	✓	✓	✓
Refractive Eye Surgery Once per beneficiary per lifetime					Per eye: R 5 300 Both eyes: R10 600	Per eye: R 5 300 Both eyes: R10 600	Per eye: R 5 300 Both eyes: R10 600
Scans MRI, CAT, Radio-Isotope	✓	✓	PMB only	PMB only	✓	✓	✓
Alternate Care In-lieu of hospitalisation Up to 30 days per event per beneficiary		R19 920 per family	PMB only	PMB only	R33 130	R33 130	R37 470
Ambulance Services Emergency Road and/or air	Road only	Road only	✓	✓	✓	✓	✓

CHRONIC MEDICINE BENEFITS: REGISTRATION REQUIRED; MEDICINE FORMULARIES APPLY; 20% CO-PAYMENT APPLIED FOR NON-FORMULARY MEDICINE

Network Pharmacies 30% co-pay for non-network	✓	✓	✓	✓	✓	✓	✓
Chronic Disease List (CDL) Conditions covered	5	25	26	26	26	26	26
Non-CDL conditions covered					10	10	28
Non CDL Limits					M: R4 300 M+1: R8 400 M+2: R10 500 M+3: R11 500 M+4: R13 000 M+5+: R15 000	M: R4 300 M+1: R8 400 M+2: R10 500 M+3: R11 500 M+4: R13 000 M+5+: R15 000	M: R6 000 M+1: R12 000 M+2: R13 000 M+3: R15 000 M+4: R16 500 M+5+: R17 500

OUT OF HOSPITAL BENEFITS

Network Providers	✓	✓			✓	✓	✓
Day-to- Day Benefits (D2D)	✓	✓			✓	✓	M: R25 220 M+1: R 35 130 M+2: R40 660 M+3+: R47 740
Annual Savings Limits (ASL)					Member: R7 286 Adult: R6 196 Child: R1 820	Member: R6 228 Adult: R5 304 Child: R1 560	
Acute medication	✓	✓			✓	✓	✓
Over the Counter Limits and formulary apply	M: 3 scripts M+: 5 scripts	M: 5 scripts M+: 7 scripts			R190 per event	190 per event	R190 per event
General Practitioners	Unlimited	Unlimited			From ASL	From ASL	From D2D Limits
Specialists		M: R3 570 M+: R7 150			From ASL	From ASL	From Day2D Limits
Scans: MRI, CAT, Radio-Isotope Per beneficiary		R2 530 subject to Specialist limit			2 from risk thereafter from ASL	2 from risk thereafter from ASL	2 from risk thereafter from D2D Limits
Basic Dentistry	✓	✓			From ASL	From ASL	M: R2 230 M+: R4 480 and From D2D Limits
Specialised Dentistry Specialised Dentistry Limits		1 set of plastic dentures per Adult beneficiary every 2 years			From ASL	From ASL	M: R12 960 M+: R19 330 and From D2D Limits
Optometry: Per Beneficiary Annual Eye test					From ASL	From ASL	From D2D Limits
1 Frame & 2 lenses every 24 months	Frame: R185	Frame: R185			Frame: R780	Frame: R780	Frame: R1 230
Contact Lenses in Lieu of glasses	Contact Lenses: R480	Contact Lenses: R480			Contact Lenses: R1 530	Contact Lenses: R1 530	Contact Lenses: R2 280
Auxiliary Auxiliary Limits					From ASL	From ASL	M: R 4 890 M+1: R14 610 and from D2D limits

ADDITIONAL BENEFITS: NOT FROM DAY TO DAY OR SAVINGS

Medical and Surgical Appliances Limit per family Sub Limits:	R2 480	R6 610	PMB only	PMB only	R12 627	R12 627	R9 500
Glucometer (per beneficiary every 2 years)	R750	R750			R750	R750	R750
Nebuliser (per family every 3 years)	R750	R750			R750	R750	R750
Hearing Aid Maintenance (per beneficiary per annum)					R1000	R1000	R1000
Hearing Aids			PMB only	PMB only	From Medical and Surgical limit above	From Medical and Surgical limit above	Unilateral: R11 085 Bilateral: R22 170
Maternity Programme	From Network Providers	From Network Providers	12 Ante Natal Visits 2 x 2D scans 3D or 4D scans paid at 2D scan rate 2 Paediatric visits Pregnancy Vitamins	12 Ante Natal Visits 2 x 2D scans 3D or 4D scans paid at 2D scan rate 2 Paediatric visits Pregnancy Vitamins	12 Ante Natal Visits 2 x 2D scans 3D or 4D scans paid at 2D scan rate 2 Paediatric Visits Pregnancy Vitamins	12 Ante Natal Visits 2 x 2D scans 3D or 4D scans paid at 2D scan rate 2 Paediatric Visits Pregnancy Vitamins	12 Ante Natal Visits 2 x 2D scans 3D or 4D scans paid at 2D scan rate 2 Paediatric Visits Pregnancy Vitamins
7 Non PMB Procedures			✓	✓			
Preventative Care/ Health maximiser	For members identified as high risk and subject to GP referral				Baby Immunisations (as per DOH) Bone density scan Cholesterol test Mammogram PSA blood test Tetanus Injection	Baby Immunisations (as per DOH) Bone density scan Cholesterol test Mammogram PSA blood test Tetanus Injection	Baby Immunisations (as per DOH) Bone density scan Cholesterol test Mammogram PSA blood test Tetanus Injection
ER MADE EASY R1000 Per beneficiary					✓	✓	✓
Patient Care Programs Such as Oncology, Diabetes, HIV	✓	✓	✓	✓	✓	✓	✓
Wellness	✓	✓	✓	✓	✓	✓	✓

Contributions

	ESSENTIAL	CUSTOM	HOPI CARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	OPTIMUM
	R0 – R3 000	R0 – R3 200					
Principal	R345	R 938	R1 982	R1 711	R3 373	R2 883	R6 204
Adult	R207	R 753	R1 675	R1 450	R2 868	R2 452	R5 280
Child	R139	R 235	R 493	R 425	R 843	R 723	R1 551
	R3001 – R6500	R3 201 – R5 800					
Principal	R362	R 985					
Adult	R217	R 787					
Child	R143	R 246					
	R6 501 – R9 500	R5 801 – R8 500					
Principal	R525	R1 078					
Adult	R315	R 865					
Child	R211	R 271					
	R9 501 +	R8 501 – R10 500					
Principal	R603	R1 237					
Adult	R362	R 990					
Child	R242	R 310					
		R10 501 +					
Principal		R1 717					
Adult		R1 375					
Child		R 429					

Useful tips:

- **Pharmacies, doctors and hospital networks:** Use the stipulated networks to ensure no co-payments will apply
- **Pharmacies: Generic versus original, brand-name medicine:** Where possible, ask your doctor or pharmacist to prescribe and dispense generic medicine instead of original, brand-name medicine.

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