THE ESSENTIAL OPTION AT A GLANCE

This entry level option is ideal for first time medical cover buyers – young and healthy individuals. It offers them peace of mind every stage of their health journey by using quality provider networks that offer simple day-to-day benefits and hospital cover.

Here's a high-level summary of benefits offered on the Essential option:

OUT OF HOSPITAL BENEFITS

Unlimited GP consults. Optical benefits and dentistry.

New benefit: Access to network Specialists.

Free and unlimited access to telephonic advice via Hello Doctor – anywhere, 24/7.

11 new procedures-refer to page 37.

IN HOSPITAL BENEFITS

Unlimited access to State facilities. Unlimited emergency and

trauma care in a private hospital.

AMBULANCE SERVICES

You have 24-hour access to emergency medical assistance -Subject to use of the MHC Preferred Provider and authorisation.

CHRONIC BENEFITS

You are covered for 5 more conditions in 2020:

Addison's Disease Asthma Bronchiectasis Chronic Obstructive Pulmonary Disease (COPD) Diabetes Insipidus Diabetes Mellitus Type 1 Diabetes Mellitus Type 11 Hyperlipidaemia Hypertension Hypothyroidism

Other HIV/AIDS Don't forget to register onto the Chronic Programme.

MATERNITY BENEFITS

Free comprehensive maternity benefits via the Baby Bumps programme subject to registration onto the programme

Ante-natal care via the Primary Care Network Provider

New benefits:

Flu vaccination per pregnancy Monthly pregnancy vitamins Paediatric visits at a Network Provider

WELLNESS BENEFITS - Reduce your risk and stay healthy

The Wellness benefit allows for early detection and proactive management of your health.

You are covered by the Scheme when referred by a primary care provider for:

Blood glucose tests Blood pressure testing Breast examination -ultrasound Cholesterol tests Pap smear Pneumococcal vaccination – high risk members Prostate specific antigen (PSA) testing TB screening

MEDICINE BENEFIT

Unlimited acute medicines subject to use of a Network GP or pharmacy

Over the counter medicine subject to use of a network pharmacy/formulary

Chronic medicine medicines must be obtained from the Scheme's Network Pharmacy. **Don't forget to** *register onto the Chronic Medicine Programme*

ESSENTIAL OPTION

MONTHLY CONTRIBUTION

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 000	R370	R220	R150
R3 001 – R6 500	R390	R230	R150
R6 501 – R9 500	R560	R340	R225
R9 501 +	R645	R390	R260

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 63.

PRIMARY CARE NETWORK ONLY	
General practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M = R1 500 M+ = R3 000 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols
Prescribed medicines	
Acute	Unlimited at the primary care network service provider – subject to network formulary
Over the counter (OTC)	Single member = 3 prescriptions Family = 5 prescriptions
Chronic	Ten conditions covered (see page 35) Subject to primary care network service provider protocols No benefit if a non-network service provider is used
Optometry Optical benefit available per beneficiary every 24 months	 1 optical test per beneficiary per year 1 pair of clear, standard mono- or bifocal lenses in a standard frame OR Contact lenses to the value of R505 R195 towards a frame outside the standard range Subject to use of primary care network service provider and protocols No benefit if a non-network provider is used
Basic dentistry	 Per beneficiary per annum: one dental examination scaling eight primary extractions eight fillings polishing
External prostheses	Per family = R6 000



ESSENTIAL OPTION

Out-of-Hospital Procedures covered by the Essential Benefit Option subject to use of a network provider

TARIFF	TARIFF DESCRIPTION
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia). Including normal after-care.
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each).
0307	Excision and repair by direct suture. Excision nail fold or other minor procedures of similar magnitude.
0308	Each additional small procedure done at the same time.
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.
0259	Removal of foreign body in muscle or tendon sheath: simple (not to be used for post-operative removal of Kirschner wires or Steinmann pins).
2133	Circumcision: Clamp procedure.
0887	Limb cast (excluding after-care).
1232	Electrocardiogram: Without effort.
1233	Electrocardiogram: With and without effort.
1136	Nebulisation (in rooms).

Medical and surgical appliances (in- and out-of-hospital)	The following appliances are subject to the annual limit of R2 620 per family subject to motivation
Glucometers	R790 per beneficiary every 2 years
Nebulisers	R790 per family every 3 years
Other Appliances – once every 4 years	Subject to clinical protocols and submission of a motivation/quote

ADDITIONAL BENEFITS		
Out-of-Hospital Procedures subject to use of a network provider	11 new procedures covered out of hospital. Refer to list above for the detailed information	
Free Hello Doctor consults	Telephonic consults via HELLO DOCTOR. Talk or text a doctor on your phone, anytime, anywhere, in any language – for free	
Out-of-area or emergency visits	Per family = three visits to a maximum of R1 000	
Paedriatric visits	1 visit per family subject to the Specialist benefit limit	
Wellness Benefit	Refer to page 9 for the detailed benefits on free early detection, preventative and ante-natal care.	



ESSENTIAL OPTION

IN-HOSPITAL BENEFITS

IMPORTANT: Treatment performed in-hospital or falls within the Major Medical Benefits needs to be pre-authorised prior to commencement of treatment. Conditions such as cancer will require you to register onto the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme Rules and clinical protocols per condition. The sub-limits specified below apply per year. If you join the Scheme after January your limits will be pro-rated.

Public hospital	Unlimited treatment in accordance with Scheme protocols
Private hospital	Resuscitation and stabilisation only
	Subject to pre-authorisation within 48 hours of admission and managed care protocols
GPs and specialists	Unlimited treatment in a state facility in accordance with Scheme protocols
To-take-out medicine	Up to 7 days
Internal Prostheses	Per family = R9 000 where approved during hospital admission
Oncology	Where approved during hospital admission Subject to state and managed care protocols
Pathology	Where approved during hospital admission Subject to state and managed care protocols
Radiology	Where approved during hospital admission Subject to state and managed care protocols
Maternity	Treatment in accordance with Scheme and state protocols Antenatal care available from a primary care network provider for the first 20 weeks. Patient will be referred to a State Facility for Specialist care and the confinement. Refer to page 9 and 17 for additional information
Ambulance	Emergency road transport only

This option is exempt from PMBs. Terms and conditions apply including specific exclusions.