

THE CUSTOM OPTION AT A GLANCE

Targeted at young and healthy members. The Custom plan provides you and your dependants an opportunity to make health part of your journey with quality provider networks and a continuously enhanced benefit package. Here's a high-level summary of benefits offered on the Custom option:

For more information on how to access your benefits call 0861 000 300



OUT OF HOSPITAL BENEFITS

Unlimited GP consults

Access to network specialists
Optical benefits, dentistry

Pathology and radiology

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



IN HOSPITAL BENEFITS

Unlimited access to state facilities

Private hospital cover subject to an annual limit

AMBULANCE SERVICES

You have 24-hour access to emergency medical assistance - subject to use of the designated service provider and authorisation



MATERNITY BENEFITS

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

Ante-natal care via the network provider

Maternity scans
Flu vaccination per pregnancy
Monthly pregnancy vitamins
Paediatric visits at a network provider



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 medication must be obtained from the Scheme's network pharmacy

Don't forget to register onto the Chronic Programme



CHRONIC BENEFITS

You are covered for:

Addison's Disease
Asthma
Bronchiectasis
Cardiac failure
Cardiomyopathy
Chronic Obstructive Pulmonary Disease (COPD)
Chronic Renal Disease
Coronary Artery Disease
Crohn's Disease
Depression
Diabetes Insipidus
Diabetes Mellitus Type 1
Diabetes Mellitus Type 11
Epilepsy
Glaucoma
Hyperlipidaemia
Hypertension

Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus (SLE)
Ulcerative Colitis

NON CDL conditions
Depression
Menopause

Other
HIV/AIDS
Oncology

Don't forget to register onto the Chronic Programme



WELLNESS BENEFITS Reduce your risk and stay healthy

The Wellness benefit allows for early detection and pro-active management of your health

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

Baby immunisation – DoH schedule
Blood glucose tests
Cholesterol tests
Mammogram
Pap smear

Flu and Pneumococcal vaccination – high risk members
Prostate specific antigen (PSA) testing

CUSTOM OPTION

MONTHLY CONTRIBUTION			
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 300	R1 055	R845	R270
R3 301 – R5 950	R1 110	R885	R280
R5 951 – R8 700	R1 215	R975	R305
R8 701 – R10 750	R1 390	R1 115	R355
R10 751 +	R1 935	R1 550	R485

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 55.

PRIMARY CARE NETWORK ONLY	
General practitioners (GPs)	Unlimited at the primary care network service provider
Specialists	M = R3 900 M+ = R7 800 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols
Medicines Acute Over the counter (OTC) Chronic	Unlimited at the primary care network provider – subject to network formulary Single member = 5 prescriptions Family = 7 prescriptions 24 CDL conditions (see page 35) and 2 non CDL Subject to use of primary network provider and protocols No benefit if a non-network 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 R525 R200 towards a frame outside the standard range Subject to use of primary care network service provider and protocols
Pathology and Radiology Out of hospital	Pathology and radiology - subject to network GP referral and formulary tests

Dentistry Basic - per beneficiary per annum	Per beneficiary per annum: <ul style="list-style-type: none"> • one dental examination • scaling • eight primary extractions • eight fillings • polishing Per adult beneficiary – 1 set of plastic dentures every 24 months
MRI, CT, PET and radio isotope scans	Sub-limit per beneficiary = R3 000, subject to specialist limit
External prosthesis	R10 000 per family per annum. Subject to clinical protocols and the overall annual limit
Medical and surgical appliances (in and out of hospital)	The following appliances are subject to the annual limit of R7 000 per family Subject to motivation and pre-authorization Please call 0861 000 300 for assistance
Glucometers Nebulisers	R790 per beneficiary every 2 years R790 per family every 3 years
Other appliances – once every 4 years	Subject to clinical protocols Please note hearing aids are not covered on the Custom option
ADDITIONAL BENEFITS	
Free Hello Doctor consults	Telephonic consults via HELLO DOCTOR. Talk or text a doctor on your phone, anytime, anywhere, any official language – for free Refer to page 8 for detailed information
Out-of-area or emergency visits	Per family = 3 visits to a maximum of R1 000
Wellness Benefit	Refer to page 7 for the detailed benefits on free early detection, preventative care, ante-natal care and patient care programmes.

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

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.

Overall Annual Limit (OAL)	Single member = R312 000 Family = R548 000 All services are subject to pre-authorisation and managed care protocols
Public hospital	Unlimited treatment in accordance with Scheme and state protocols
Private hospital	Subject to the overall annual limit and use of the Scheme network hospitals
Network hospital: Life Healthcare	A 30% co-payment will be applied for voluntary use of a non-network provider
CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT	
Procedure/treatment Gastroscopy, colonoscopy, sigmoidoscopy, functional nasal and sinus procedures, nail surgery, treatment of headaches, removal of skin lesions	If performed in hospital A co-payment of R1 200 will apply per admission which needs to be paid directly by the member to the treating practitioner If performed out of hospital Procedure will be paid at scheme rate subject to pre-authorisation and clinical protocols
GPs and specialists	Unlimited treatment in accordance with Scheme protocols and use of network providers Admission to private hospital subject to overall annual limit Claims paid up to the agreed rate with the provider
To-take-out medicine	Up to 7 days
Internal prostheses	Per family per annum = R16 000 where approved during hospital admission subject to the overall annual limit
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R21 000
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R22 250 Subject to clinical protocols
Alcohol and drug rehabilitation	100% of the negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA)-approved facility, subject to the mental health sub-limit
Oncology	Per family = R70 000, subject to overall annual limit
Pathology	Per beneficiary = R7 330, subject to overall annual limit
Radiology	Per beneficiary = R7 330, subject to overall annual limit

Medical and surgical appliances (in and out of hospital)	Per family = R7 000, subject to overall annual limit
Maternity	<p>Confinement: Public hospital – Treatment in accordance with Scheme protocols Private hospital – Subject to overall annual limit and use of the hospital network providers</p>
Ambulance	Emergency road transport only Subject to use of DSP, clinical protocols and preauthorization