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:

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



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 - any where, 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 programme

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

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

Non-CDL conditions

Depression Menopause

Other

HIV/AIDS Oncology



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 Pneumococcal vaccination – high Blood glucose tests Cholesterol tests Mammogram

Pap smear

risk members Prostate specific antigen (PSA) testing Flu vaccines

Don't forget to register onto the Chronic Programme

Hypertension



Custom Option

MONTHLY CONTRIBUTION				
SALARY BAND	MEMBER	ADULT	CHILD	
R0 – R3 300	R1 097	R879	R281	
R3 301 – R5 950	R1 154	R920	R291	
R5 951 – R8 700	R1 264	R1 014	R317	
R8 701 – R10 750	R1 446	R1 160	R369	
R10 751 +	R2 012	R1 612	R504	

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 62

PRIMARY CARE NETWORK ONLY	
General practitioners (GPs)	Unlimited at the primary care network service provider
Specialists	M = R4 070 M+ = R8 150 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols
Medicines Acute Over the counter (OTC)	Unlimited at the primary care network provider – subject to network formulary Single member = 5 prescriptions Family = 7 prescriptions
Chronic	24 CDL conditions (see page 37) and 2 non-CDL Formulary available on website Subject to use of primary network provider and protocols
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 R548 R209 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 Subject to use of primary network provider and protocols	Per beneficiary per annum:
	Per adult beneficiary – 1 set of plastic dentures every 24 months
MRI, CT, PET and radio isotope scans	Sub-limit per beneficiary = R3 130, subject to specialist limit
External prosthesis	R10 450 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 310 per family Subject to motivation and pre-authorisation Please call 0861 000 300 for assistance
Glucometers Nebulisers	R820 per beneficiary every 2 years R820 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, any time, any where, any official language – for free Refer to page 9 for detailed information
Out-of-area or emergency visits	Per family = 3 visits to a maximum of R1 000
Wellness Benefit	Refer to pages 5 and 6 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 which can be viewed on the Scheme website - www.mhcmf.co.za

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 = R326 000
	Family = R572 600
	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 720 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 940	
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R23 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 = R73 150, subject to overall annual limit	
Pathology	Per beneficiary = R7 660, subject to overall annual limit	
Radiology	Per beneficiary = R7 660, subject to overall annual limit	

Medical and surgical appliances (in and out of hospital)	Per family = R7 310, subject to overall annual limit
Maternity	Confinement: Public hospital – Treatment in accordance with Scheme protocols Private hospital – Subject to overall annual limit and use of the hospital network providers
Ambulance	Emergency road transport only Subject to use of DSP, clinical protocols and pre-authorisation