BENEFIT OPTIONS 2023 Overview



BENEFIT OPTION	ESSENTIAL	сиѕтом	HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	ОРТІМИМ		
Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital Plan PMB	Hospital Plan PMB	Savings	Savings	Traditional		
IN-HOSPITAL BENEFITS: SUBJECT TO PRE-AUTHORISATION AND SCHEME PROTOCOLS									
ublic Hospital	All State facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities		
Private Hospital Overall Annual Limit (OAL)	Resuscitation / Stabilization	M: R344 580 M+1: R605 230	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		
lospital Network	All State facilities	Life Healthcare	Life Healthcare	Any Hospital	Life Healthcare	Any Hospital	Any Hospital		
30% Co-Payment for voluntary use of non-network Hospital		Applicable	Applicable		Applicable				
Alternate Care imit instead of hospitalisation		Per family 30 days to a maximum of R23 190 subject to OAL	PMB treatment only	PMB treatment only	Per family 30 days to a maximum of R38 580	Per family 30 days to a maximum of R38 580	Per family 30 days to a maximum o R43 545		
nternal Prosthesis per family	R9 930	R17 670 subject to OAL	PMB treatment only	PMB treatment only	R40 800	R40 800	R49 670		
Medicine to take home	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days		
Mental health in and out of hospital)	All State facilities Resuscitation / Stabilization	R24 570 subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate subject to clinical protocols	At Scheme Rate subject to clinical protocols	At Scheme Rate subject to clinical protocols		
Oncology Non-PMB limits per family Generic reference pricing applies	Subject to State and managed care protocols	R77 310 subject to OAL	PMB only at a network provider	PMB treatment at a network provider	R500 000 20% co-payment applied after limit has been reached	R500 000 20% co-payment applied after limit has been reached	Unlimited		
Organ Transplants Non-PMB limits per family and national donor			PMB treatment only	PMB treatment only	R71 770	R71 770	R71 660		
Pathology	Where approved during hospital admission Subject to State and managed care protocols	R8 090 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate		
Radiology	Where approved during hospital admission Subject to State and managed care protocols	R8 090 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate		
Reconstructive surgery imits per family			PMB treatment only	PMB treatment only	R71 660	R71 660	R71 660		
Refractive Surgery Once per beneficiary per lifetime			PMB treatment only	PMB treatment only	Per eye R6 170 Both Eyes R12 340	Per eye R6 170 Both Eyes R12 340	Per eye R6 170 Both Eyes R12 340		
Alcohol and drug Rehabilitation at a SANCA approved facility		Subject to Mental health sub limit and OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate		
Scans MRI, CT, PET and radio isotope	Where approved during hospital admission Subject to State and managed care protocols	Where approved during hospital admission Subject to State and managed care protocols	PMB treatment only	PMB treatment only	R15 000 per scan 2 scans per family from risk thereafter from ASL	R15 000 per scan 2 scans per family from risk thereafter from ASL	R15 000 per scan 2 scans per family from risk thereafter from day-to-day limit		
Ambulance Services Emergency Transport via Europ Assistance	Road only	Road only	Road and Air	Road and Air	Road and Air	Road and Air	Road and Air		
ADDITIONAL BENEFITS NOT PAID FROM SAVINGS OR DAY TO DAY									
External Prosthesis per family	R6 650	R11 045 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R25 900	R25 900	R30 650		
Medical and surgical appliances imit per family	R2 905	R7 725 subject to OAL			R14 690	R14 690	R10 990		
Glucometers per beneficiary every 2 years	R865	R865	PMB treatment only	PMB treatment only	R865	R865	R865		
lebuliser per family every 3 years	R865	R865			R865	R865	R865		
Other appliances every 4 years	Subject to motivation	Subject to motivation							
Hearing Aids			PMB treatment only	PMB treatment only	From Medical and Surgical limit above every 3 years	From Medical and Surgical limit above every 3 years	Unilateral: R12 890 Bilateral: R25 890 Per beneficiary every 3 years		
Hearing Aid maintenance per beneficiary per annum					R1 160 from medical and surgical limit above	R1 160 from medical and surgical limit above	R1 160		

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Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital Plan PMB	Hospital Plan PMB	Savings	Savings	Traditional	
MEDICINE: SUBJECT TO FORMULARIES								
Pharmacy	Network Pharmacy	Network Pharmacy	Medipost	Network Pharmacy	Medipost	Network Pharmacy	Any	
Chronic	15 conditions	24 conditions	26 conditions	26 conditions	26 conditions	26 conditions	26 conditions	
Chronic Non-CDL Limits		2 Conditions	PMB treatment only	PMB treatment only	10 Conditions M: R5 180 M+1: R10 250 M+2: R12 790 M+3: R13 845 M+4: R15 745 M+5+: R18 180	10 Conditions M: R5 180 M+1: R10 250 M+2: R12 790 M+3: R13 845 M+4: R15 745 M+5+: R18 180	28 Conditions M: R7 290 M+1: R14 580 M+2: R15 745 M+3: R18 180 M+4: R20 080 M+5+: R21 240	
Co-payment for non-formulary medicine			20%	20%	20%	20%	20%	
Co-payment for non-network Pharmacy	No benefit if non-network pharmacy is used	No benefit if non-network pharmacy is used	30%	30%	30%	30%		
Out of area or emergency visits per family	3 visits to a maximum of R1 055	3 visits to a maximum of R1 055						
Extra consultations and medicine (when ASL reaches R300) - Limit R300					M: 2 visits M+: 5 visits	M: 2 visits M+: 5 visits		
MATERNITY								
Maternity Subject to registration on the Programme	Ante-natal care at a primary care network provider	Ante-natal care at a primary care network provider	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits	12 Ante-natal visits	
	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	
	Paediatric visit subject to GP referral and specialist limit	Paediatric visits subject to GP referral and specialist limit	2 Paediatric visits per pregnancy	2 Paediatric visits per pregnancy	2 Paediatric visits per pregnancy	2 Paediatric visits per pregnancy	2 Paediatric visits per pregnancy	
	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	Two 2D scans (3D & 4D scans paid at 2D scan rate)	
WELLNESS PROGRAMME								
	Baby Immunisation Blood Glucose test Blood Pressure test Clinical breast screening (ultrasound) for high risk members Cholesterol test Flu Vaccine Pap smear Pneumococcal vaccination (high risk members) Prostate Specific Antigen (PSA) testing TB screening	Baby Immunisation Blood Glucose Test Blood Pressure test Cholesterol Test Flu Vaccine Mammogram Pap smear Pneumococcal Vaccination (high risk members) Prostate Specific Antigen (PSA) screening TB screening			Baby Immunisation Blood Glucose test Cholesterol Test Flu Vaccine Mammogram Pap smear Prostate Specific Antigen (PSA) Screening TB screening Glaucoma screening Pneumococcal vaccination Dexa bone Density scan Tetanus Diphtheria injection	Baby Immunisation Blood Glucose Test Cholesterol Test Flu Vaccine Mammogram Pap smear Prostate Specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal Vaccination Dexa bone Density scan Tetanus Diphtheria injection	Baby Immunisation Blood Glucose Test Cholesterol Test Flu Vaccine Mammogram Pap smear Prostate Specific Antigen (PSA) screening TB screening Glaucoma screening Pneumococcal Vaccination Dexa bone Density scan Tetanus Diphtheria injection	
Hello Doctor Access to a Doctor 24 hours a day	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	

HOSPICARE

CLASSIC NETWORK

CLASSIC

OPTIMUM

HOSPICARE NETWORK

BENEFIT OPTION

ESSENTIAL

CUSTOM

BENEFIT OPTION	ESSENTIAL	CUSTOM	HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
•) (•							
Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital Plan PMB	Hospital Plan PMB	Savings	Savings	Traditional
DAY TO DAY / SAVINGS							
Annual Savings Limit (ASL)					M: R7 416 A: R6 288 C: R1 848	M: R8 700 A: R7 380 C: R2 172	
Day-to-day limit	At a primary care network provider	At a primary care network provider	As part of an approved treatment plan	As part of an approved treatment plan			M: R29 270 M+1: R40 800 M+2: R47 450 M+3: R55 700
Auxiliary Limits			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R5 635 M+: R17 015
DENTISTRY							
Basic Dentistry	At a primary care network provider	At a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R2 590 M+: R5 220
Specialised Dentistry		1 set of acrylic dentures per adult dependant every 24 months	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R15 090 M+: R22 400
General Practitioners (GP)	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit
MEDICINE: SUBJECT TO FORMULA	RIES						
Acute	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits: M: R13 250 M+1: R14 350 M+2: R16 900 M+3: R18 440 M+4+: R19 660
Over the Counter (OTC)	M: 3 Scripts M+: 5 Scripts	M: 5 Scripts M+: 7 Scripts			R240 per event per day and ASL	R240 per event per day and ASL	R240 per event per day Day to day and acute limits
OPTOMETRY							
Optometry per beneficiary 1 composite eye examination 1 frame & two lenses every 24 months	Frame: R222	Frame: R222	PMB treatment only	PMB treatment only	Frame: R905	Frame: R905	Frame: R1 425
Contact lenses instead of glasses	R580	R580			R1 530	R1 530	R2 280
Specialist Limit	M: R1 660 M+: R3 320 Subject to network GP referral, pre-authorisation and managed care protocols	M: R4 300 M+: R8 615 Subject to network GP referral, pre-authorisation and managed care protocols	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to Day-to Day limit
SCANS							
Scans MRI, CT, Radio Isotope		Sub limit per beneficiary R3 305 and specialist limit	PMB treatment only	PMB treatment only	R15 000 per scan 2 scans per family paid from risk, thereafter from ASL	R15 000 per scan 2 scans per family paid from risk, thereafter from ASL	R15 000 per scan 2 scans per family paid from risk, thereafter from day to day

MHC CONTRIBUTIONS

BAND	ESSENTIAL	CUSTOM	HOSPICARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	ОРТІМИМ
SALARY BAND	R0 – R3 275	R0 – R3 490					
Principal	R423	R1 160	R2 556	R2 207	R4 304	R3 670	R7 922
Adult	R253	R929	R2 162	R1 870	R3 653	R3 113	R6 744
Child	R170	R297	R635	R551	R1 078	R918	R1 984
SALARY BAND	R3 276 – R7 030	R3 491 – R6 290					
Principal	R450	R1 220					
Adult	R270	R972					
Child	R170	R308					
SALARY BAND	R7 031 – R 10 305	R6 291 – R9 195					
Principal	R643	R1 336					
Adult	R390	R1 072					
Child	R253	R335					
SALARY BAND	R10 306 +	R9 196 – R11 360					
Principal	R742	R1 528					
Adult	R450	R1 226					
Child	R302	R390					
SALARY BAND		R11 361+					
Principal		R2 127					
Adult		R1 704					
Child		R533					

PLEASE NOTE: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this overview booklet, the website and the Scheme rules, the Scheme rules will prevail. The Scheme rules are available on request. Benefits are subject to approval from the Council for Medical Schemes (CMS).

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