

# BENEFIT OPTIONS

## *2023 Overview*



taking care of our own

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


### IN-HOSPITAL BENEFITS: SUBJECT TO PRE-AUTHORISATION AND SCHEME PROTOCOLS

<b>Public Hospital</b>	All State facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities	All Public facilities
<b>Private Hospital Overall Annual Limit (OAL)</b>	Resuscitation / Stabilization	M: R344 580 M+1: R605 230	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Hospital Network</b>	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		
<b>Alternate Care</b> limit 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 of R43 545
<b>Internal Prosthesis</b> per family	R9 930	R17 670 subject to OAL	PMB treatment only	PMB treatment only	R40 800	R40 800	R49 670
<b>Medicine</b> 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
<b>Mental health</b> (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
<b>Oncology</b> 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
<b>Organ Transplants</b> Non-PMB limits per family and national donor			PMB treatment only	PMB treatment only	R71 770	R71 770	R71 660
<b>Pathology</b>	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
<b>Radiology</b>	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
<b>Reconstructive surgery</b> limits per family			PMB treatment only	PMB treatment only	R71 660	R71 660	R71 660
<b>Refractive Surgery</b> 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
<b>Alcohol and drug Rehabilitation</b> 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
<b>Scans</b> 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
<b>Ambulance Services</b> 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

<b>External Prosthesis</b> per family	R6 650	R11 045 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R25 900	R25 900	R30 650
<b>Medical and surgical appliances</b> limit per family	R2 905	R7 725 subject to OAL			R14 690	R14 690	R10 990
<b>Glucometers</b> per beneficiary every 2 years	R865	R865	PMB treatment only	PMB treatment only	R865	R865	R865
<b>Nebuliser</b> per family every 3 years	R865	R865			R865	R865	R865
<b>Other appliances</b> every 4 years	Subject to motivation	Subject to motivation					
<b>Hearing Aids</b>			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
<b>Hearing Aid maintenance</b> 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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### 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 FORMULARIES

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
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# MHC CONTRIBUTIONS

BAND	ESSENTIAL	CUSTOM	HOSPICARE	HOSPICARE NETWORK	CLASSIC	CLASSIC NETWORK	OPTIMUM
<b>SALARY BAND</b>	<b>R0 – R3 275</b>	<b>R0 – R3 490</b>					
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
<b>SALARY BAND</b>	<b>R3 276 – R7 030</b>	<b>R3 491 – R6 290</b>					
Principal	R450	R1 220					
Adult	R270	R972					
Child	R170	R308					
<b>SALARY BAND</b>	<b>R7 031 – R 10 305</b>	<b>R6 291 – R9 195</b>					
Principal	R643	R1 336					
Adult	R390	R1 072					
Child	R253	R335					
<b>SALARY BAND</b>	<b>R10 306 +</b>	<b>R9 196 – R11 360</b>					
Principal	R742	R1 528					
Adult	R450	R1 226					
Child	R302	R390					
<b>SALARY BAND</b>		<b>R11 361+</b>					
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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