CLASSIC *Option*

ANNUAL SAVINGS LIMIT (ASL) This is the portion of your monthly contribution that is allocated to a savings account that is held in the principal member's name. The money in this account is used to pay for out-of-hospital medical expenses			
OPTION	**MEMBER**	**ADULT**	**CHILD**
Classic Network	R7 416	R6 288	R1 848
Classic	R8 700	R7 380	R2 172
MONTHLY CONTRIBUTION			
OPTION	MEMBER	ADULT	CHILD
Classic Network	R3 670	R3 113	R918
Classic	R4 304	R3 653	R1 078

Out-Of-Hospital Benefits

Not sure what we mean? Refer to glossary on page 79

Day-to-day benefits on the Classic and Classic Network options are subject to your ASL, which covers non-PMB, out-of-hospital claims such as GPs, dentists, specialists, medication, optometrists, etc. Once you have exhausted your ASL, you will need to pay for any addition- al day-to-day claims yourself. A portion of your monthly contribution is allocated to your ASL. The annual savings amount is calculated over a period of 12 months or if you join the Fund during the year, the amount will be allocated on a pro-rata basis. At the end of the year, any unused savings will roll over to the next year.

NOTES Your annual savings amount is allocated upfront. If you terminate your membership with the Scheme before the end of the year and you have used more than the contributions that you have paid, you will be requested to pay the difference to the Scheme.

Once you have exhausted your ASL, you will have to pay healthcare providers for day-to-day services out of your own pocket.

	CLASSIC NETWORK	**CLASSIC**
General practitioners (GPs) and specialists	Subject to ASL	Subject to ASL
Telehealth	Subject to ASL Scheme rates and managed care protocols apply Please call **0861 000 300** for more information	Subject to ASL Scheme rates and managed care protocols apply Please call **0861 000 300** for more information

	CLASSIC NETWORK	CLASSIC
Medicines Acute Over the counter (OTC) Preventative medicines	Subject to ASL R240 per event per day Paid from ASL – refer to page 13	Subject to ASL R240 per event per day Paid from ASL – refer to page 13
Chronic benefit Benefits are subject to registration onto the chronic management programme	Provider - Medipost pharmacy 26 conditions covered as per the chronic disease list and prescribed minimum benefits Refer to page 22 for more information on co-payments	Provider - Network pharmacy 26 conditions covered as per the chronic disease list and prescribed minimum benefits Refer to page 22 for more information on co-payments
Optometry Subject to ASL	Per beneficiary: 1 composite eye examination,a frame of up to R905 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year Members may utilise positive savings for claim values above the annual optometry limits. Please call **0861 000 300** for more information	Per beneficiary: 1 composite eye examination, a frame of up to R905 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year Members may utilise positive savings for claim values above the annual optometry limits. Please call **0861 000 300** for more information
Dentistry: Basic and specialised Please note that, while dentures are covered, there is a limit of 1 set of dentures every 4 years per beneficiary. General anaesthetic is available for children under the age of 8 for extensive basic treatment and this is limited to once every 24 months per beneficiary. Cover is available for the removal of impacted wisdom teeth in theatre but must be pre-authorised by emailing a detailed quotation and clear panoramic radiograph to the dental department.	Subject to ASL	Subject to ASL
Auxiliary services	Subject to ASL	Subject to ASL

ADDITIONAL BENEFITS (not paid from ASL)		
Chronic medicines	26 conditions – unlimited (page 60) – plus 10 conditions, subject to sub-limits:	26 conditions – unlimited (page 59) – plus 10 conditions, subject to sub-limits:
Non-CDL chronic medicine	M – R5 180 M1 – R10 250 M2 – R12 790 M3 – R13 845 M4 – R15 745 M5+ – R18 180	M – R5 180 M1 – R10 250 M2 – R12 790 M3 – R13 845 M4 – R15 745 M5+ – R18 180
Network provider	Medipost Pharmacy	Scheme network pharmacy
Co-payment for non-formulary medicine	20%	20%
Co-payment for use of non-network provider	30%	30%
Free Hello Doctor advice	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, any time, any where, any official language – for free. Refer to page 10 for detailed information	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, any time, any where, any official language – for free. Refer to page 10 for detailed information
Medical and surgical appliances General appliances per family per annum	R14 690	R14 690
Sub-limits to Appliance Benefit: Glucometer per beneficiary every 2 years	R865	R865
Nebuliser per family every 3 years	R865	R865
External Prosthesis per family per annum	R25 900	R25 900
MRI, CT, PET and radio isotope scans	R15 000 per scan Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols	R15 000 per scan Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols
	CLASSIC NETWORK	CLASSIC
Hearing aids	Subject to medical and surgical appliance limit every 3 years	Subject to medical and surgical appliance limit every 3 years
Hearing aid maintenance	R1 160 per beneficiary per annum Subjected to Medical and Surgical Appliance Benefit	R1 160 per beneficiary per annum Subjected to Medical and Surgical Appliance Benefit
Mental health	Subject to ASL	Subject to ASL

	CLASSIC NETWORK	CLASSIC
Extra consultations and medicine (Only once ASL reaches R300 limit. Medication limit R300)	Single member = 2 visits Family = 5 visits	Single member = 2 visits Family = 5 visits
Patient care programmes (Diabetes, HIV, oncology)	Subject to registration and managed care protocols	Subject to registration and managed care protocols
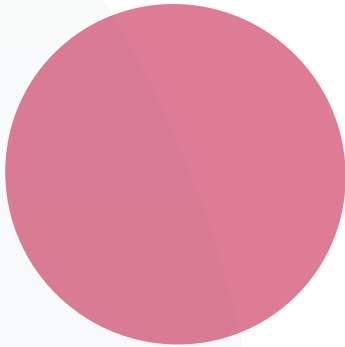
In-Hospital Benefits

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.

SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	CLASSIC NETWORK	CLASSIC
In-hospital limits	Network hospital - Life Healthcare	Any hospital
State and private hospital	Unlimited 30% co-payment for using non-network provider	Unlimited
CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT (This co-payment is only applicable to benefit below and not the entire benefit)		
Procedure/treatment Gastroscopy, colonoscopy, sigmoidoscopy, arthroscopy, joint replacements, diagnostic laparoscopy, urological scopes and facet joint injections	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	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	At Scheme rate Specialists subject to preferred provider rates	At Scheme rate Specialists subject to preferred provider rates
To-take-out medicine	Up to 7 days	Up to 7 days
Organ transplants (non-PMB cases)	Per family = R71 770 (limit includes harvesting and transportation costs) National donor only	Per family = R71 770 (limit includes harvesting and transportation costs) National donor only
Internal prosthesis	Per family per annum = R40 800	Per family per annum = R40 800
Refractive eye surgery	Per beneficiary per eye = R6 170 maximum of R12 340 for both eyes once per lifetime	Per beneficiary per eye = R6 170 maximum of R12 340 for both eyes once per lifetime
Reconstructive surgery (as part of PMBs)	Per family = R71 660	Per family = R71 660

SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	CLASSIC NETWORK	CLASSIC
MRI, CT, PET and radio isotope scans	R15 000 per scan Per family = 2 scans paid from risk thereafter from ASL subject to motivation Subject to clinical protocols and pre-authorisation	R15 000 per scan Per family = 2 scans paid from risk thereafter from ASL subject to motivation Subject to clinical protocols and pre-authorisation
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R38 580 per event subject to clinical protocols and pre-authorisation	Per family = 30 days to a maximum of R38 580 per event subject to clinical protocols and pre-authorisation
Mental health (in- and out-of-hospital)	100% of Scheme rate subject to clinical protocols and pre-authorisation	100% of Scheme rate subject to clinical protocols and pre-authorisation
Alcohol and drug rehabilitation	100% of negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility	100% of negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility
Oncology in and out of hospital Non-PMB cases	Per family = R500 000 per annum 20% co-payment after limit has been reached	Per family = R500 000 per annum 20% co-payment after limit has been reached
PMB cases	Subject to clinical protocols and pre-authorisation Unlimited	Subject to clinical protocols and pre-authorisation Unlimited
Pathology and basic radiology	At Scheme rate	At Scheme rate
Dialysis	Subject to use of preferred provider, clinical protocols and pre-authorisation	Subject to use of preferred provider, clinical protocols and pre-authorisation
General dentistry	Subject to ASL and dental protocols	Subject to ASL and dental protocols
Ambulance transport	Emergency – road and air Subject to use of the designated service provider, clinical protocols and pre-authorisation	Emergency – road and air Subject to use of the designated service provider, clinical protocols and pre-authorisation