

CUSTOM *Option*

MONTHLY CONTRIBUTION

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 490	R1 160	R929	R297
R3 491 – R6 290	R1 220	R972	R308
R6 291 – R9 195	R1 336	R1 072	R335
R9 196 – R11 360	R1 528	R1 226	R390
R11 361 +	R2 127	R1 704	R533

OUT-OF-HOSPITAL BENEFITS

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

PRIMARY CARE NETWORK ONLY

General practitioners (GPs)	Unlimited at the primary care network service provider
Specialists	M = R4 300 M+ = R8 615 Subject to network GP referral, pre-authorisation and managed care/ Scheme protocols
Medicines Acute	Unlimited at the primary care network provider – subject to network formulary
Over the counter (OTC)	Single member = 5 prescriptions Family = 7 prescriptions
Chronic	24 CDL conditions (see page 48) 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 R580 R222 towards a frame outside the standard range Subject to use of primary care network service provider and protocols

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

Pathology and Radiology
Out-of-hospital

Pathology and radiology - subject to network GP referral and formulary tests

PRIMARY CARE NETWORK ONLY

Dentistry

Basic - per beneficiary per annum
Subject to use of primary network provider and protocols

One dental examination
Scaling
4 extractions will be processed automatically and any additional must be pre-authorized
4 fillings will be processed automatically and any additional must be pre-authorized
Polishing

Per adult beneficiary – 1 set of plastic dentures every 24 months

MRI, CT, PET and radio isotope scans

Sub-limit per beneficiary = R3 305, subject to specialist limit

External prosthesis

R11 045 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 725 per family Subject to motivation and pre-authorization
Please call **0861 000 300** for assistance

Glucometers

R865 per beneficiary every 2 years

Nebulisers

R865 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 advice

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 10 for detailed information

Out-of-area or emergency visits

Per family = 3 visits to a maximum of R1 055

Wellness Benefit

Refer to pages 6 and page 7 for the detailed benefits on free early detection, preventative care, ante-natal care and patient care programmes.

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IN-HOSPITAL BENEFITS

IMPORTANT

Treatment performed in-hospital or falls within the Major Medical Benefits needs to be pre-authorized 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 = R344 580 Family = R605 230 All services are subject to pre-authorization 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-authorization 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 = R17 670 where approved during hospital admission subject to the overall annual limit
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R23 190
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R24 570 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 = R77 310, subject to overall annual limit

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Pathology	Per beneficiary = R8 090, subject to overall annual limit
Radiology	Per beneficiary = R8 090, subject to overall annual limit
CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT	
Medical and surgical appliances (in and out of hospital)	Per family = R7 725 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

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