

# OPTIMUM *Option*

MONTHLY CONTRIBUTION		
MEMBER	ADULT	CHILD
R7 922	R6 744	R1 984

## Out-Of-Hospital Benefits

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

ANY PROVIDER	
Day-to-day limit	M – R29 270 M1 – R40 800 M2 – R47 450 M3+ – R55 700
General practitioners (GPs) and specialists	Subject to day-to-day limit
Telehealth	Subject to day-to-day limit Scheme rates and managed care protocols apply Please call 0861 000 300 for more information
<b>Medicines</b>	
Acute medicine	M – R13 250 M1 – R14 350 M2 – R16 900 M3 – R18 440 M4+ – R19 660
Over the counter (OTC)	R240 per event per day
Chronic benefit Benefits are subject to registration onto the chronic management programme	Provider - Any provider 26 conditions covered as per the chronic disease list and prescribed minimum benefits. Refer to page 22 for more information on co-payments
Optometry	Per beneficiary = 1 composite eye examination Per beneficiary = a frame of up to R1 425 and 2 lenses every 24 months OR Contact lenses of up to R2 280 instead of glasses per year
<b>Dentistry</b>	
Basic	Single member = R2 590 Family = R5 220
Specialised	Single member = R15 090 Family = R22 400

Auxiliary services	At a preferred provider, subject to auxiliary sub-limit and day-to-day limits
Sub-limits	Single member = R5 635 Family = R17 015

### ADDITIONAL BENEFITS (paid from risk benefits)

<b>Chronic medicine</b>	26 conditions – unlimited – plus 28 conditions, subject to sub-limits:
Non-CDL chronic medicine limit	M – R7 290 M1 – R14 580 M2 – R15 745 M3 – R18 180 M4 – R20 080 M5+ – R21 240
Co-payment for non-formulary medicine	20%
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.
Medical and surgical appliances – general	Per family = R10 990
Sub-limits to Appliance Benefit	
Glucometer per beneficiary every 2 years	R865
Nebuliser per family every 3 years	R865
Hearing aids	
Per beneficiary every 3 years	Unilateral = R12 890 Bilateral = R25 890
Hearing aid maintenance	R1 160 per beneficiary per annum
External Prosthesis	Per family per annum = R30 650
Patient care programmes (Diabetes, HIV, oncology)	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-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.

### ANY HOSPITAL

Subject to pre-authorization and managed care protocols

Public and private hospital      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-authorization and clinical protocols

GPs and specialists

Unlimited Specialist – subject to preferred provider rates

To-take-out medicine

Up to 7 days

Organ transplants (non-PMB cases)

Per family = R71 660 limit includes harvesting and transportation costs  
National donor only

Internal prostheses

Per family per annum = R49 670

Refractive eye surgery

Per beneficiary per eye = R6 170; maximum of R 12 340 for both eyes once per lifetime

Reconstructive surgery

Per family = R71 660

MRI, CT, PET and radio isotope scans

R15 000 per scan per family per annum = 2 scans from risk thereafter from the annual day-to-day limit subject to clinical protocols and pre-authorization

Alternate care instead of hospitalisation

Per family = 30 days to a maximum of R43 545 per event subject to clinical protocols and pre-authorization

Mental health (in- and out-of-hospital)

100% of Scheme rate – Subject to clinical protocols and pre-authorization

Alcohol and drug rehabilitation

100% of negotiated rate, a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility  
Subject to clinical protocols

Oncology

Unlimited clinical protocols and pre-authorization

Pathology and radiology

Unlimited subject to clinical protocols

Dialysis

Unlimited and subject to use of preferred provider, clinical protocols and pre-authorization

General dentistry

Subject to day-to-day limit and sub-limits

Ambulance transport

Emergency road and air transport subject to use of the designated service provider, clinical protocols and pre-authorization