



taking care of our own

2024

BENEFIT OPTIONS OVERVIEW

Taking care of our own at every stage of their health journey

IN HOSPITAL							
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
Public 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 / Stabilisation	M: R 365 250 M+: R 641 540	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Network	All State facilities	Life Health Care	Life Health Care	Any Hospital	Life Health Care	Any Hospital	Any Hospital
30% Co-Payment for voluntary use of non-network Hospital		Applicable	Applicable		Applicable		
Alternate Care limit instead of hospitalisation		Per family 30 days to a maximum of R24 580 subject to OAL	PMB treatment only	PMB treatment only	Per family 30 days to a maximum of R40 890	Per family 30 days to a maximum of R40 890	Per family 30 days to a maximum of R46 150
Internal Prosthesis per family	R10 525	R18 730 subject to OAL	PMB treatment only	PMB treatment only	R 43 240	R 43 240	R 52 650
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 / stabilisation	R 26 040 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	R81 940 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	R 76 070	R 76 070	R 76 070
Pathology	Where approved during hospital admission Subject to State and managed care protocols	R 8 575 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	R 8 575 per beneficiary subject to OAL	PMB treatment only	PMB treatment only	At Scheme Rate	At Scheme Rate	At Scheme Rate
Reconstructive surgery limits per family			PMB treatment only	PMB treatment only	R 75 950	R 75 950	R 75 950
Refractive Surgery Once per beneficiary per lifetime			PMB treatment only	PMB treatment only	Per eye R 6 540 Both Eyes R13 080	Per eye R 6 540 Both Eyes R13 080	Per eye R 6 540 Both Eyes R13 080
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

IN HOSPITAL

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
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	R 15 900 per scan. 2 scans per family from risk thereafter from ASL	R 15 900 per scan. 2 scans per family from risk thereafter from ASL	R 15 900 per scan. 2 scans per family from risk thereafter from day-to-day limit
Ambulance Services Emergency Transport via EuroAssistance	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

Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum
External Prosthesis per family	R7 050	R 11 700 subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R 27 450	R 27 450	R 32 480
Medical and surgical appliances limit per family	R 3 080	R 8 180 subject to OAL			R 15 570	R 15 570	R 11 650
Glucometers per beneficiary every 2 years	R 915	R 915	PMB treatment only	PMB treatment only	R 915	R 915	R 915
Nebuliser per family every 3 years	R 915	R 915			R 915	R 915	R 915
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	From Medical and Surgical limit above	Unilateral: R13 660 Bilateral: R 27 440 Per beneficiary every 3 years
Hearing Aid maintenance per beneficiary per annum					R 1 230 from medical and surgical limit above	R 1 230 from medical and surgical limit above	R 1 230

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: 5 490 M+1: 10 860 M+2: 13 555 M+3: 14 670 M+4: 16 690 M+5+: 19 270	10 Conditions M: 5 490 M+1: 10 860 M+2: 13 555 M+3: 14 670 M+4: 16 690 M+5+: 19 270	28 Conditions M: R 7 720 M+1: R 15 450 M+2: R 16 680 M+3: R 19 270 M+4: R 21 280 M+5+: R 22 510
Co-payment for non-formulary medicine			20%	20%	20%	20%	20%

ADDITIONAL BENEFITS NOT PAID FROM SAVINGS OR DAY TO DAY

[illegible]

WELLNESS PROGRAMME

[illegible]

DAY TO DAY / SAVINGS							
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
Annual Savings Limit (ASL)					M: R 7 932 A: R 6 720 C: R 1 980	M: R 9 300 A: R 7 896 C: R 2 328	
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: R 31 020 M+1: R 43 240 M+2: R 50 290 M+3+: R 59 040
Auxiliary Limits			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day to day limit and sub limits M: R 5 975 M+: R 18 030
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: R 2 849 M+: R 5 742
Specialised Dentistry	No benefit	1 set of acrylic dentures per adult dependent 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: R 15 090 M+: R 22 400
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: R 14 040 M+1: R 15 210 M+2: R 17 910 M+3: R 19 540 M+4+: R 20 830
Over the Counter (OTC)	M: 3 Scripts M+: 5 Scripts	M: 5 Scripts M+: 7 Scripts			R 255 per event per day and ASL	R 255 per event per day and ASL	R 255 per event per day and day to day and acute limits
Optometry per beneficiary 1 composite eye examination 1 frame & two lenses every 24 months	Frame: R 236	Frame: R 236	PMB treatment only	PMB treatment only	Frame: R 995	Frame: R 995	Frame: R 1 570
Contact lenses instead of glasses	R 617	R 617			R 1 530	R 1 530	R 2 280
Specialist Limit	M: R 1 760 M+: R 3 520 Subject to network GP referral, pre-authorisation and managed care protocols	M: R 4 560 M+: R 9 130 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							
MRI, CT, Radio Isotope		Sub limit per beneficiary R 3 500 and specialist limit	PMB treatment only	PMB treatment only	R 15 900 per scan. 2 scans per family paid from risk, thereafter from ASL	R 15 900 per scan. 2 scans per family paid from risk, thereafter from ASL	R 15 900 per scan. 2 scans per family paid from risk, thereafter from day to day Clinical

CONTRIBUTIONS

ESSENTIAL		
R0 – R3 435	Principal	R 451
	Adult	R 270
	Child	R 181
R3 436 – R7 375	Principal	R 480
	Adult	R 288
	Child	R 181
R7 376 – R10 810	Principal	R 686
	Adult	R 416
	Child	R 270
R10 811+	Principal	R 792
	Adult	R 480
	Child	R 322

CUSTOM		
R0 – R3 660	Principal	R 1 238
	Adult	R 991
	Child	R 317
R3 661 – R6 600	Principal	R 1 302
	Adult	R 1 037
	Child	R 329
R6 601 – R9 645	Principal	R 1 426
	Adult	R 1 144
	Child	R 357
R9 646 – R11 915	Principal	R 1 630
	Adult	R 1 308
	Child	R 416
R11 916+	Principal	R 2 270
	Adult	R 1 818
	Child	R 569

		HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
Gross Contributions	Principal	R 2 381	R 2 758	R 3 923	R 4 601	R 8 469
	Adult	R 2 018	R 2 333	R 3 328	R 3 905	R 7 209
	Child	R 595	R 685	R 981	R 1 152	R 2 121

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)



taking care of our own

BENEFIT OPTIONS 2024 OVERVIEW

www.mhcmf.co.za

**DOWNLOAD THE
APP TODAY**

