



**moto**  
HEALTH CARE

taking care of our own

**2024**

# CLASSIC & CLASSIC NETWORK OPTION

## AT A GLANCE

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This new generation savings option provides members with the flexibility and independence to manage their own day- to-day expenses rich hospital cover; 26 CDL and 10 non-CDL conditions. Members on the Classic Network option can enjoy significant savings on their monthly contributions and still enjoy comprehensive benefits.

### Brief description of benefits offered on the Classic and Classic Network options:

#### In-Hospital Benefits

Unlimited access to state facilities

Unlimited private hospital cover

#### AMBULANCE SERVICES

You have 24-hour access to road and air emergency medical assistance

#### Out-Of-Hospital Benefits

GP and specialist consults, optical, dentistry and other benefits

Emergency medical care via ER made EASY

Free and unlimited access to telephonic advice via Hello Doctor

#### Medicine Benefit

Access to acute and preventative medicines and over-the-counter medicine

Chronic medicine for 26 conditions - medicines must be obtained from the Scheme's network pharmacy. Plus, cover for 10 non-CDL conditions and medicines

- Acne
- Allergic rhinitis
- Ankylosing spondylitis
- Depression
- Eczema
- Gastro-oesophageal reflux disease (GORD)
- Gout prophylaxis
- Osteoporosis
- Osteoarthritis
- Psoriasis

## Maternity Benefits

Free comprehensive maternity benefits via the Baby Bumps programme subject to registration onto the programme

Benefits include ante-natal care, scans, vitamins and paediatric visits

## Chronic Benefits

You are covered for the 26 CDL conditions and other:

HIV/AIDS  
Oncology

**Don't forget to register onto the Chronic Programme**

**REMEMBER:** Chronic medicines approved from the additional non-PMB chronic conditions on the Classic + Classic Network will be paid subject to an annual limit. Call 0861 000 300 for more information.

## WELLNESS Benefits

The Wellness benefit allows for early detection and pro-active management of your health

YOU ARE COVERED BY THE SCHEME FOR:

- Dexa bone density scan
- Cholesterol test
- Mammogram
- Pap smear
- Prostate specific antigen (PSA) testing
- Tetanus diphtheria injection
- HPV Vaccine
- Contraception
- Basic dentistry
- Colorectal Screening
- Glucose test
- TB Screening
- Glaucoma screening
- Pneumococcal and flu vaccines - high risk
- Health Risk Assessment

# 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 932	R6 720	R1 980
Classic	R9 300	R7 896	R2 328

  

MONTHLY CONTRIBUTION			
OPTION	MEMBER	ADULT	CHILD
Classic Network	R3 923	R3 328	R981
Classic	R4 601	R3 905	R1 152

## OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 77

Day-to-day benefits on the Classic and Classic Network options are subject to your Annual Savings Limit (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 additional day-to-day claims. A portion of your monthly contribution is allocated to your ASL. The ASL amount is calculated for a period of 12 months or if you join the Fund during the year, the amount will be calculated on a pro-rata basis. At the end of the year, any unused savings will carry over to the next year.

### NOTES:

Your total ASL is available from the beginning of the year. If you terminate your membership before the end of the year and you have used more than the ASL allocation, you will be requested to reimburse the difference to the Scheme. Once you have exhausted your ASL, you will need to pay healthcare providers for day-to-day services.

	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 <b>0861 000 300</b> for more information	Subject to ASL Scheme rates and managed care protocols apply Please call <b>0861 000 300</b> for more information
<b>Medicines</b> Acute Over-the-counter (OTC) Preventative medicines Contraceptives: oral, and injectables Devices subject to pre-authorisation	Subject to ASL R255 per event per day Paid from ASL – refer to page 13 R1500 per female beneficiary up to the age of 45 years per annum	Subject to ASL R255 per event per day Paid from ASL – refer to page 13 R1500 per female beneficiary up to the age of 45 years per annum
<b>Chronic benefit</b> 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
<b>Optometry</b> Subject to ASL	Per beneficiary: 1 composite eye examination, a frame of up to R995 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year  Members may request frames and lens enhancements to be paid from their savings if the amount exceeds the above amounts  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 R995 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year  Members may request frames and lens enhancements to be paid from their savings if the amount exceeds the above amounts  Members may utilise positive savings for claim values above the annual optometry limits. Please call 0861 000 300 for more information

<b>Dentistry:</b> 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 57) – plus 10 conditions, subject to sub-limits:	26 conditions – unlimited (page 57) – plus 10 conditions, subject to sub-limits:
Non-CDL chronic medicine	<b>M</b> R5 490 <b>M1</b> R10 860 <b>M2</b> R13 555 <b>M3</b> R14 670 <b>M4</b> R16 690 <b>M5+</b> R19 270	<b>M</b> R5 490 <b>M1</b> R10 860 <b>M2</b> R13 555 <b>M3</b> R14 670 <b>M4</b> R16 690 <b>M5+</b> R19 270
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, anytime, anywhere, 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, anytime, anywhere, any official language – for free. Refer to page 10 for detailed information
Medical and surgical appliances General appliances per family per annum	R15 570	R15 570
Sub-limits to Appliance Benefit: Glucometer per beneficiary every 2 years	R915	R915
Nebuliser per family every 3 years	R915	R915

Hearing aids	Subject to medical and surgical appliance limit every 3 years	Subject to medical and surgical appliance limit every 3 years
Sub-limit: Hearing aid maintenance (per beneficiary per annum)	R1 230	R1 230
External Prosthesis per family per annum	R27 450	R27 450
MRI, CT, PET and radio isotope scans	R15 900 per scan Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols	R15 900 per scan Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols
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 230 per beneficiary per annum Subject to Medical and Surgical Appliance Benefit	R1 230 per beneficiary per annum Subject to Medical and Surgical Appliance Benefit
Mental health	Subject to ASL	Subject to ASL
Extra consultations and medicine (Only once ASL reaches a balance of R300 or less. 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 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.

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	<p><b>If performed in hospital</b> A co-payment of R1 200 will apply per admission which needs to be paid directly by the member to the treating practitioner</p> <p><b>If performed out of hospital</b> Procedure will be paid at scheme rate subject to pre-authorization and clinical protocols</p>	<p><b>If performed in hospital</b> A co-payment of R1 200 will apply per admission which needs to be paid directly by the member to the treating practitioner</p> <p><b>If performed out of hospital</b> Procedure will be paid at scheme rate subject to pre-authorization and clinical protocols</p>
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 = R76 070 (limit includes harvesting and transportation costs) National donor only	Per family = R76 070 (limit includes harvesting and transportation costs) National donor only
Internal prosthesis	Per family per annum = R43 240	Per family per annum = R43 240
Refractive eye surgery	Per beneficiary per eye = R6 540 maximum of R13 080 for both eyes once per lifetime	Per beneficiary per eye = R6 540 maximum of R13 080 for both eyes once per lifetime
Reconstructive surgery (as part of PMBs)	Per family = R75 950	Per family = R75 950



SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	CLASSIC NETWORK	CLASSIC
MRI, CT, PET and radio isotope scans	R15 900 per scan Per family = 2 scans paid from risk thereafter from ASL subject to motivation  Subject to clinical protocols and pre-authorisation	R15 900 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 R40 890 per event subject to clinical protocols and pre-authorisation	Per family = 30 days to a maximum of R40 890 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  Subject to clinical protocols and pre-authorisation	Per family = R500 000 per annum 20% co-payment after limit has been reached  Subject to clinical protocols and pre-authorisation
PMB cases	Unlimited	Unlimited
Pathology and basic radiology	At Scheme rate	At Scheme rate
Dialysis	Subject to use of DSP, clinical protocols and pre-authorisation	Subject to use of DSP, 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