



taking care of our own



2024

CUSTOM OPTION AT A GLANCE

THE CUSTOM OPTION

AT A GLANCE

Targeted at young and healthy members. The Custom Option provides you and your dependants an opportunity to make health part of your journey. Comprehensive primary care benefits; limited private hospitalisation; unlimited public hospitalisation. 24 CDL conditions and 2 non-CDL conditions covered and stabilisation in a private hospital.

Brief description of benefits offered on the Custom option:

In-Hospital Benefits

Unlimited access to state facilities

Private hospital cover subject to an annual limit

AMBULANCE SERVICES

You have 24-hour access to road ambulance

Out-Of-Hospital Benefits

Unlimited GP consults, Optical, Dentistry, Pathology and Radiology benefits

Free and unlimited access to telephonic advice via Hello Doctor

Medicine Benefit

Unlimited acute medicines from formulary and Network GP or Pharmacy

Over-the-counter medicine from a network pharmacy within formulary

Chronic medication obtained from a network pharmacy or GP within formulary

Don't forget to register onto the Chronic Programme

Maternity Benefits

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

Ante-natal care via the network provider
Maternity scans
Flu vaccination per pregnancy
Monthly pregnancy vitamins
Paediatric visits at a network provider

Chronic Benefits

You are covered for 24 CDL conditions as well as:

- Depression
- Menopause

OTHER:

- HIV/AIDS
- Oncology

Don't forget to register onto the Chronic Programme

WELLNESS Benefits

Reduce your risk and stay healthy

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

YOU ARE COVERED BY THE SCHEME WHEN REFERRED BY A NETWORK PROVIDER FOR:

- | | |
|------------------------------------|--|
| • Baby immunisation – DoH schedule | • Pneumococcal vaccination – high risk members |
| • Blood glucose test | • Prostate specific antigen (PSA) testing |
| • Cholesterol test | • Flu vaccines |
| • Mammogram | • TB Screening |
| • Pap smear | |
| • Colorectal Screening | |
| • HPV Vaccine | |

CUSTOM OPTION

MONTHLY CONTRIBUTION			
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 660	R1 238	R991	R317
R3 661 – R6 600	R1 302	R1 037	R329
R6 601 – R9 645	R1 426	R1 144	R357
R9 646 – R11 915	R1 630	R1 308	R416
R11 916 +	R2 270	R1 818	R569

OUT-OF-HOSPITAL BENEFITS

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

PRIMARY CARE NETWORK ONLY

General practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M = R4 560 M+ = R9 130 Subject to network GP referral, pre-authorisation and managed care/ Scheme protocols
Prescribed 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 20) 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 R617 R236 towards a frame outside the standard range Subject to use of primary care network service provider and protocols
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	Per beneficiary per annum: <ul style="list-style-type: none"> • One dental examination • Scaling • 4 extractions will be processed automatically and any additional must be pre-authorised • 4 fillings will be processed automatically and any additional must be pre-authorised • Polishing Per adult beneficiary – 1 set of plastic dentures every 24 months
MRI, CT, PET and radio isotope scans	Sub-limit per beneficiary = R3 500, subject to specialist limit
External prosthesis	R11 700 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 R8 180 per family Subject to motivation and pre-authorisation Please call 0861 000 300 for assistance
Glucometers Nebulisers Other appliances – once every 4 years	R915 per beneficiary every 2 years R915 per family every 3 years Subject to clinical protocols Please note hearing aids are not covered on the Custom option
ADDITIONAL BENEFITS	
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
Out-of-area or emergency visits	Per family = 3 visits to a maximum of R1 055
Wellness Benefit	Refer to pages 5 to 7 for the detailed benefits on free early detection, preventative care, ante-natal care and patient care programmes.

THIS OPTION IS EXEMPT FROM PMB'S.

Terms and conditions apply including specific exclusions, which can be viewed on the Scheme website - www.mhcmf.co.za

IN-HOSPITAL BENEFITS

IMPORTANT

Treatment performed in-hospital needs to be pre-authorised prior to commencement of treatment. Some conditions 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 = R365 250 Family = R641 540 All services are subject to pre-authorisation 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-authorisation 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 = R18 730 where approved during hospital admission subject to the overall annual limit
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R24 580
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R26 040 Subject to clinical protocols and pre-authorisation
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 = R81 940, subject to overall annual limit

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Pathology	Per beneficiary = R8 575, subject to overall annual limit
Radiology	Per beneficiary = R8 575, subject to overall annual limit
CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT	
Medical and surgical appliances (in and out of hospital)	Per family = R8 180 subject to overall annual limit
Sub-limits to Appliance Benefit	Glucometer (per beneficiary every 2 years) - R 915 Nebuliser (per family every 3 years) - R 915
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

