

2025 CUSTOM BENEFITS



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:

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

In-Hospital Benefits

Unlimited access to state facilities

Private hospital cover subject to an annual limit

AMBULANCE SERVICES

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

Trauma events not requiring hospitalization (payable from the available Overall Annual Limits)

Maternity Benefits

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

Antenatal 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 23 CDL conditions as well as:

- Depression
- Menopause

OTHER:

- HIV/AIDS
- Oncology

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

Don't forget to register onto the Chronic Programme

CUSTOM OPTION



MONTHLY CONTRIBUTION

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 855	R1 324	R1 060	R339
R3 856 – R6 950	R1 393	R1 109	R352
R6 951 – R10 157	R1 525	R1 224	R382
R10 158 – R12 547	R1 743	R1 399	R445
R12 548 – R16 955	R2 428	R1 945	R609
R16 956 +	R2 671	R2 139	R669

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 73

PRIMARY CARE NETWORK ONLY

General Practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M = R4 775 M+ = R9 560 Subject to network GP referral, pre-authorisation and managed care/ Scheme protocols

PRESCRIBED MEDICINES AT A NETWORK SERVICE PROVIDER

Acute	Unlimited at the primary care network provider – subject to network formulary
Over-the-counter (OTC)	Single member = 5 prescriptions Family = 7 prescriptions
Chronic	23 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 R647 R247 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

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 665, subject to specialist limit
External prostheses	R12 250 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 565 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

PRIMARY CARE NETWORK ONLY

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 network GP or emergency visits	Per family = 3 visits to a maximum of R1 105 Approved trauma events not requiring hospitalisation are payable from the Overall Annual limit. Clinical protocols and policies applicable
Wellness Benefit	Refer to pages 5 to 9 for the detailed benefits on free early detection, preventative care, ante-natal care and patient care programmes.

THIS OPTION IS EXEMPT FROM PMB'S.

Claims on this option are paid at Scheme rate, up to limits and/or sub limits in accordance with the exemption received from the Council for Medical Schemes. Exclusions including option specific exclusions can be viewed on the Schemes website - www.mhcmf.co.za

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.

IN-HOSPITAL BENEFITS

Overall Annual Limit (OAL)	Single member = R382 420 Family = R671 700 All services are subject to pre-authorisation and managed care protocols
Public hospital	Unlimited treatment in accordance with Scheme and state protocols
Private hospital Network hospitals: Custom Hospital Network	Subject to the overall annual limit and use of the Scheme network hospitals 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 = R19 610 where approved during hospital admission subject to the overall annual limit
Alternative care instead of hospitalisation	Per family = 30 days to a maximum of R25 740
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R27 270 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 = R85 800, subject to overall annual limit
Pathology	Per beneficiary = R8 980, subject to overall annual limit
Radiology	Per beneficiary = R8 980, subject to overall annual limit
Medical and surgical appliances (in and out of hospital)	Per family = R8 565 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

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