2026 CLASSIC BENEFITS

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

Classic And Classic Network Option

This new generation savings option provides members with the flexibility and independence to manage their own day-to-day expenses with 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:

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

In-Hospital Benefits

- Unlimited hospital cover
- **AMBULANCE SERVICES:** You have 24-hour access to road and air emergency medical assistance by calling **0861 009 353**

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

Maternity Benefits

- Free comprehensive maternity benefits via the Baby Bumps programme subject to registration onto the programme
- Benefits include antenatal care, scans, vitamins and paediatric visits

Chronic Benefits

You are covered for 10 non-CDL conditions as well as:

- HIV/AIDS
- Oncology

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

Benefits may be subject to clinical protocols.
Don't forget to register onto the Chronic Programme.

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. If you join the Scheme after January your limits will be pro-rated.			
OPTION	**MEMBER**	**ADULT**	**CHILD**
Classic Network	R8 364	R7 092	R2 088
Classic	R9 804	R8 328	R2 460
MONTHLY CONTRIBUTIONS			
OPTION	**MEMBER**	**ADULT**	**CHILD**
Classic Network	R4 646	R3 942	R1 162
Classic	R5 449	R4 625	R1 364

NOTES: 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.

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary at the end of this guide

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. 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 Scheme 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.

	CLASSIC NETWORK	CLASSIC
General practitioners (GPs) and specialists	Subject to ASL	Subject to ASL
Medicines Acute Over-the-counter (OTC) Contraceptives: Oral, devices and injectables Devices subject to pre-authorisation	 Subject to ASL R300 per beneficiary per day R1 600 per female beneficiary up to the age of 45 years per annum	 Subject to ASL R300 per beneficiary per day R1 600 per female beneficiary up to the age of 45 years per annum
Chronic benefit 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 earlier in the guide for more information on co-payments	Provider - Network pharmacy 26 conditions covered as per the chronic disease list and prescribed minimum benefits earlier in the guide for more information on co-payments

	CLASSIC NETWORK	CLASSIC
Optometry Subject to ASL 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.	Per beneficiary: 1 composite eye examination, a frame of up to R1 150 and 2 lenses every 24 months **OR** contact lenses of up to R1 530 instead of glasses per year	Per beneficiary: 1 composite eye examination, a frame of up to R1 150 and 2 lenses every 24 months **OR** contact lenses of up to R1 530 instead of glasses per year
Dentistry 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 – plus 10 conditions, subject to sub-limits:	26 conditions – unlimited – plus 10 conditions, subject to sub-limits:
Non-CDL chronic medicine limits	M R6 100 M1 R12 050 M2 R15 040 M3 R16 270 M4 R17 690	M R6 100 M1 R12 050 M2 R15 040 M3 R16 270 M4 R17 690
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	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, anytime, anywhere, any official language – for free
Medical and surgical appliances General appliances per family	R17 050	R17 050

	CLASSIC NETWORK	CLASSIC
Sub-limits to Appliance Benefit: Glucometer per beneficiary every 2 years	R1 000	R1 000
Nebuliser per family every 3 years	R1 000	R1 000
Sub-limit: Hearing aid maintenance per beneficiary	R1 300	R1 300
External Prostheses per family	R30 050	R30 050
MRI, CT, PET and radio isotope scans 2 scans paid from risk benefits thereafter ASL	R17 400 per scan	R17 400 per scan
Hearing aids	Subject to medical and surgical appliance limit every 3 years	Subject to medical and surgical appliance limit every 3 years
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

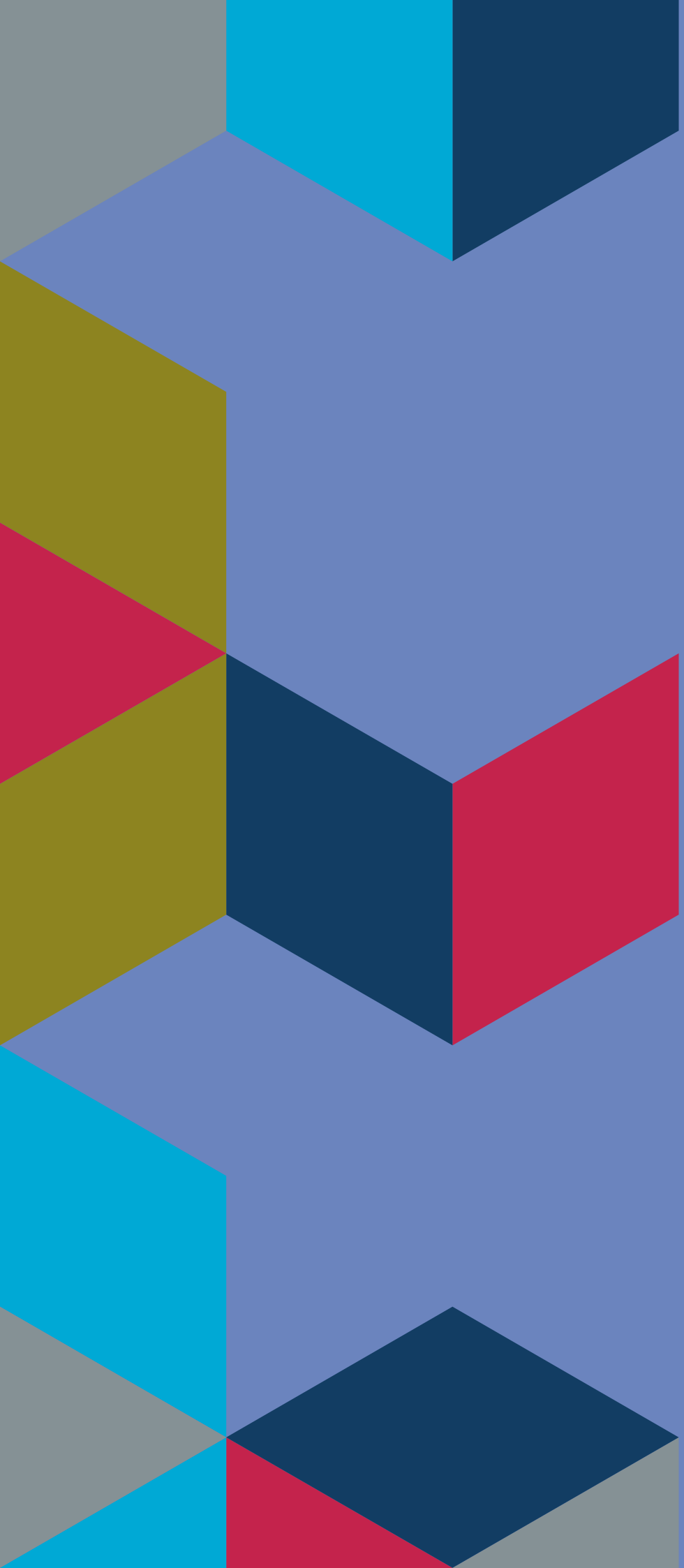
IMPORTANT: Treatment performed in-hospital needs to be pre-authorised prior to commencement of treatment. Conditions such as cancer will require you to register onto the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme Rules and clinical protocols per condition. The sub-limits specified below apply per year. If you join the Scheme after January your limits will be pro-rated.

IN-HOSPITAL BENEFITS

Subject to pre-authorisation and managed care protocols. MHC will pay benefits in accordance with the Scheme Rules and clinical protocols per condition. The sub-limits specified below apply per year unless otherwise indicated. 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)		
SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	**CLASSIC NETWORK**	**CLASSIC**
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 the Scheme rate subject to pre-authorisation and clinical protocols	**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 the Scheme rate subject to pre-authorisation and clinical protocols
GPs and specialists	At the Scheme rate Specialists subject to preferred provider rates	At the 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) Includes harvesting and transportation costs National donor only	R79 500 per family	R79 500 per family
Internal prostheses	R47 500 per family	R47 500 per family
Refractive eye surgery once per lifetime	Per beneficiary per eye = R6 850 maximum of R13 700 for both eyes	Per beneficiary per eye = R6 850 maximum of R13 700 for both eyes
Reconstructive surgery (as part of PMBs)	R79 400 per family	R79 400 per family
MRI, CT, PET and radio isotope scans 2 scans per family paid from risk thereafter from ASL subject to motivation	R17 400 per scan	R17 400 per scan
Alternative care instead of hospitalisation	Per family = 30 days to a maximum of R44 750 per event	Per family = 30 days to a maximum of R44 750 per event
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 up to 21 days	100% of negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility up to 21 days
Oncology in and out of hospital Non-PMB cases PMB cases	Per family = R500 000 per annum 20% co-payment after limit has been reached Unlimited	Per family = R500 000 per annum 20% co-payment after limit has been reached Unlimited
Pathology and basic radiology	At the Scheme rate	At the Scheme rate
Dialysis	Subject to use of DSP,	Subject to use of DSP, protocols
General dentistry	Subject to ASL and dental protocols	Subject to ASL and dental protocols
Ambulance transport within the RSA and SADC countries	Emergency – road and air Subject to use of the designated service provider,	Emergency – road and air Subject to use of the designated service provider,



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HEALTH CARE

taking care of our own

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