

2026 ESSENTIAL BENEFITS

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



Essential Option

This network option is suitable for first time medical scheme members.

Brief description of the benefits offered on the Essential option:

Medicine Benefit

- Unlimited acute medicines within formulary and dispensing GP or pharmacy on the network
- 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
- Stabilisation in a Private hospital
- **AMBULANCE SERVICES:** 24-hour access to road ambulance by calling **0861 009 353**

Out-Of-Hospital Benefits

- GP consults, Optical, Dentistry, Pathology and Radiology benefits
- Access to network specialists
- Free access to telephonic advice via Hello Doctor
- 11 additional procedures available from network providers

Maternity Benefits

- Maternity benefits subject to registration onto the maternity programme
- Antenatal care via the network provider
- Monthly pregnancy vitamins within formulary
- Paediatric visits at a network provider

Chronic Benefits

When you register on the Chronic Medicine programme you are covered for 17 CDL conditions as well as:

- Menopause
- HIV/AIDS
- Oncology

Wellness Benefits

The wellness benefit allows for early detection and pro-active management of your health. **You are covered when referred by a Network Provider for:**

- Blood glucose test
- Blood pressure test
- Cholesterol test
- Pap smear
- Flu vaccines
- Pneumococcal vaccination – high-risk members
- Prostate specific antigen (PSA) testing
- TB screening
- Clinical Breast Screening (ultrasound) for high-risk members
- Colorectal Screening
- HPV Vaccine

Benefits may be subject to clinical protocols.

MONTHLY CONTRIBUTIONS

SALARY BAND	MEMBER	ADULT	CHILD
R0 - R3 800	R508	R305	R204
R3 801 - R8 154	R541	R325	R204
R8 155 - R11 952	R774	R469	R305
R11 953+	R894	R541	R363

OUT-OF-HOSPITAL BENEFITS

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

PRIMARY CARE NETWORK

General Practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M R1 950 M+ R3 900 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols
Antenatal care	Antenatal care available from a primary care network provider for the first 20 weeks, thereafter referral to a State facility for confinement
Pathology	Pathology out of hospital — subject to network GP referral and formulary tests
Radiology	Out of hospital — subject to network GP referral and formulary

PRESCRIBED MEDICINES AT A PRIMARY CARE NETWORK SERVICE PROVIDER

Acute	Unlimited at the primary care network provider – subject to network formulary
Over-the-counter (OTC)	Single member = 3 prescriptions Family = 5 prescriptions
Chronic	17 conditions covered subject to formulary which can be viewed on the website or earlier in the guide) Subject to use of a primary care network provider and protocols

THIS OPTION IS EXEMPT FROM PMB'S.

Claims on this option are paid at the 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 at www.mhcmf.co.za

PRIMARY CARE NETWORK ONLY

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 R668 towards a frame outside the standard range Subject to use of primary care network provider and protocols
Basic dentistry 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 thereafter must be pre-authorised • 4 fillings thereafter must be pre-authorised • polishing
External prostheses	Per family = R7 450

Out-of-hospital procedures covered on the Essential Benefit Option subject to use of a network provider and clinical protocols

TARIFF	TARIFF DESCRIPTION
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia). Including normal after-care.
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each).
0307	Excision and repair by direct suture. Excision nail fold or other minor procedures of similar magnitude.
0308	Each additional small procedure done at the same time.
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.
0259	Removal of foreign body in muscle or tendon sheath: simple (not to be used for post-operative removal of Kirschner wires or Steinmann pins).
2133	Circumcision: Clamp procedure.
0887	Limb cast (excluding after-care).
1232	Electrocardiogram: Without effort for high risk patients 5 years and over.
1233	Electrocardiogram: With and without effort for high risk patients 5 years and over.
1136	Up to 2 nebulisations (in rooms) per family.

PRIMARY CARE NETWORK ONLY

Medical and surgical appliances (in- and out-of-hospital)	The following appliances are subject to the annual limit of R3 250 per family subject to motivation and pre-authorisation
Glucometers	R960 per beneficiary every 2 years
Nebulisers	R960 per family every 3 years
Other appliances – once every 4 years	Subject to clinical protocols and submission of a motivation/quote Please note that hearing aids are not covered on the Essential option

ADDITIONAL BENEFITS

Out-of-Hospital Procedures subject to use of a network provider	11 procedures covered out of hospital. Refer to the list on the previous page.
Free Hello Doctor advice	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, anytime, anywhere, in any of our official languages – for free.
Out-of-area or emergency visits	Per family = three visits to a maximum of R1 150. Now payable directly to the provider.
Paediatric visits	1 visit per family subject to the Specialist benefit limit and authorisation
Wellness Benefit	Refer to the beginning of the guide for detailed benefits on free early detection, preventative and antenatal care.

IMPORTANT: Treatment performed in-hospital needs to be pre-authorised prior to commencement of treatment. Some conditions 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

State hospital	Unlimited treatment in accordance with Scheme protocols and authorisation
Private hospital	Stabilisation only
GPs and specialists	Unlimited treatment in a state facility in accordance with Scheme protocols
To-take-out medicine	Up to 7 days
Internal prostheses	Per family = R11 550, where approved during hospital admission
Oncology	Where approved during hospital admission. Subject to state and managed care protocols
Pathology	Subject to state and managed care protocols
Radiology	Where approved during hospital admission. Subject to state and managed care protocols
Confinement	Treatment in accordance with Scheme and state protocols Patient will be referred to a state facility for specialist care and the confinement
Ambulance	Emergency road transport only Subject to use of a network provider, clinical protocols and authorisation

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