

2026 OPTIMUM BENEFITS

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



Optimum Option

This traditional option provides members with comprehensive cover, which includes extensive day-to-day benefits. The option to choose if you would like a choice of providers.

Brief description of benefits offered on the Optimum option:

Medicine Benefit

Access to:

- Acute and preventative medicines
- Over-the-counter medicine
- Chronic medicine for 26 conditions
- Additional cover for 31 non-CDL conditions and medicines

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 Specialists consults optical, dental and other benefits
- Emergency medical care via ER made EASY
- Free and unlimited access to telephonic advice via Hello Doctor

Maternity Benefits

- Comprehensive maternity benefits subject to registration onto the programme
- Benefits include antenatal care, scans, vitamins and paediatric visits

Chronic Benefits

You are covered for the 29 non-CDL conditions as well as:

- Acne
- Allergic Rhinitis
- Ankylosing Spondylitis
- Attention Deficit Hyperactivity Disorder (ADHD)
- Cystic Fibrosis
- Depression
- Eczema
- Gastro-Oesophageal Reflux Disease (GORD)
- Gout Prophylaxis
- Meniere's Disease
- Menopause
- Migraine Prophylaxis
- Motor Neuron Disease
- Narcolepsy
- Neurogenic Bladder
- Onychomycosis
- Osteoporosis
- Osteoarthritis
- Osteopaenia
- Overactive Bladder Syndrome
- Paget's Disease
- Peptic Ulcer Disease
- Peripheral Arterial Disease
- Primary Hypogonadism (hormonal levels required)
- Psoriasis
- Psoriatic Arthritis
- Renal Calculi
- Thromboembolic Disease
- Tourette Syndrome
- Trigeminal Neuralgia

Wellness Benefits

Reduce your risk. **The Wellness benefit allows for early detection and pro-active management of your health. You are covered by the Scheme for:**

- Glaucoma
- Health Risk Assessment
- DEXA bone density scan
- Cholesterol test
- Mammogram
- Pap smear
- Prostate specific antigen (PSA) testing
- HPV Vaccine
- Colorectal Screening
- Contraception
- Pneumococcal and flu vaccine for high risk members
- TB screening
- Tetanus diphtheria injection
- Blood glucose test

REMEMBER: Chronic medicines approved from the additional non-PMB chronic condition benefit on the Optimum option will be paid subject to an annual limit.

Benefits may be subject to clinical protocols

| MONTHLY CONTRIBUTIONS | | |
|-----------------------|--------|--------|
| MEMBER | ADULT | CHILD |
| R10 076 | R8 577 | R2 524 |

| OUT-OF-HOSPITAL BENEFITS | |
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| <p>Not sure what we mean? Refer to glossary at the end of this guide.</p> <p>All sub-limits set out below are subject to the annual day-to-day limit. 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.</p> | |
| Day-to-day limit | M R33 950 M1 R47 350 M2 R55 050 M3+ R64 600 |
| General practitioners (GPs) and specialists | Subject to day-to-day limit |
| MEDICINES | |
| Acute medicine | M R14 700 M1 R15 900 M2 R18 750 M3 R20 450 M4+ R21 800 |
| Over-the-counter (OTC) | R300 per beneficiary per day |
| Contraceptives: oral, devices and injectables Devices subject to pre-authorisation | 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 - Any provider 26 conditions covered as per the chronic disease list and PMBs earlier in the guide for more information on co-payments |
| OPTOMETRY | |
| Optometry | Per beneficiary: 1 composite eye examination |
| Per beneficiary: A frame of up to R1 815 and 2 lenses every 24 months | Annual limit. Clinical protocols and policies applicable OR Contact lenses of up to R2 280 instead of glasses per year |

OUT-OF-HOSPITAL BENEFITS

DENTISTRY

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|----------------------------------|---|
| Basic | Single member R3 150 Family R6 300 |
| Specialised | Single member R16 550 Family R24 550 |
| Auxiliary services Sub-limits | At a preferred provider, subject to auxiliary sub-limit and day-to-day limits Single member R6 250 Family R18 850 |

ADDITIONAL BENEFITS (PAID FROM RISK BENEFITS)

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| Chronic medicine Non-CDL chronic medicine limit | 26 conditions – unlimited – plus 31 conditions, subject to sub-limits: M R8 570 M1 R17 140 M2 R18 500 M3 R21 350 M4+ R22 550 |
| MRI, CT, PET and radio isotope scans | Day-to-day annual limits: R17 400 per scan Per family = 2 scans paid from risk benefits thereafter from day to day limits Subject to pre-authorisation and managed care protocols |
| Co-payment for non-formulary medicine | 20% |
| Free Hello Doctor advice | Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, any time, any where, any official language – for free Refer to earlier in this guide |
| Medical and surgical appliances – general Sub-limits to Appliance Benefit Glucometer every 2 years Nebuliser every 3 years | Per family: R12 750 Per beneficiary: R1 000 Per family: R1 000 |
| Hearing aids Per beneficiary every 3 years Hearing aid maintenance | Unilateral: R14 350 Bilateral: R28 700 R1 300 per beneficiary |
| External prosthesis | R35 550 per family |
| Patient care programmes (Diabetes, HIV, oncology) | 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.

IN-HOSPITAL BENEFITS

ANY HOSPITAL

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.

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| State and private hospital | Unlimited |
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CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT

(This co-payment is only applicable to procedure/treatment below and not the entire benefit)

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| 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 |
| GPs and specialists | Unlimited Specialists |
| To-take-out medicine | Up to 7 days |
| Organ transplants (non-PMB cases) Includes harvesting and transportation costs National donor only | R79 500 per family |
| Internal prostheses | R60 000 per family |
| Refractive eye surgery once per lifetime | R6 850 per beneficiary per eye; maximum of R13 700 for both eyes |
| Reconstructive surgery | R79 400 per family |
| MRI, CT, PET and radio isotope scans 2 scans from risk thereafter from the annual day-to-day limit | R17 400 per scan per family |
| Alternative care instead of hospitalisation | 30 days per family to a maximum of R50 500 per event |
| Mental health (in- and out-of-hospital) | 100% of the Scheme rate |
| Alcohol and drug rehabilitation | 100% of negotiated rate, a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility up to 21 days |
| Oncology | Unlimited |
| Pathology and radiology | Unlimited |
| Dialysis | Unlimited and subject to use of DSP |
| Ambulance transport within the RSA and SADC countries | Emergency road and air transport subject to use of the designated service provider, clinical protocols and pre-authorisation |



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