moto
HEALTH CARE

taking care of our own

2027

Option Benefits

Your guide to understanding and making the most of your Moto Health Care benefits.

mhcmf.co.za

Essential Option

Claims on the Essential option are paid at the Scheme rate, up to the limits and/or sub-limits, in accordance with the exemption granted by the Council for Medical Schemes.

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 the formulary at dispensing network GPs or prescribed by a network GP to be obtained from pharmacies on the network
- Over-the-counter medicine from a network pharmacy within the formulary
- Chronic medicine obtained from a network pharmacy or GP within the formulary

In-Hospital Benefits

- Unlimited access to State facilities
- Stabilisation at a private hospital
- Ambulance services: 24-hour access to road ambulance services by calling 0861 009 353

Out-Of-Hospital Benefits

- GP consultations, optometry, dentistry, pathology and radiology benefits
- Access to network specialists
- Free access to telephonic medical advice and virtual consultations via Hello Doctor
- 11 additional procedures available from network providers

Maternity Benefits

- Maternity benefits subject to registration on the Maternity Programme
- Antenatal care via the network provider
- Monthly pregnancy vitamins within the formulary
- Paediatric consultations at a network provider
- Two psychology consultations

Chronic Benefits

When you register on the Medicine Risk Management Programme, you are covered for 18 CDL conditions, as well as:

- Depression
- HIV/AIDS
- Oncology

Wellness Benefits

- Baby immunisations – DoH schedule
- Blood pressure test
- Cholesterol test
- Pap smear
- Flu vaccine at a network pharmacy
- Pneumococcal vaccine – high-risk members
- Prostate-specific antigen (PSA) test
- TB screening
- Clinical breast screening (ultrasound) – high-risk members
- Colorectal screening
- HPV vaccine
- HIV finger-prick test

MONTHLY CONTRIBUTIONS

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 954	R533	R320	R214
R3 955 – R8 479	R568	R341	R214
R8 480 – R12 429	R813	R492	R320
R12 430 +	R939	R568	R381

OUT-OF-HOSPITAL BENEFITS

Primary Care Network

General practitioners (GPs)	Unlimited at the primary care network service provider
Specialist limit	M R 2 030 M+ R4 050 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	Radiology out of hospital – subject to network GP referral and formulary tests

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) medicine	Single member – three prescriptions up to R250 per event Family – five prescriptions up to R250 per event
Chronic	19 conditions covered, subject to formulary which can be viewed at www.mhcmf.co.za or earlier in the guide Subject to the use of a primary care network provider, managed care and Scheme protocols

Primary Care Network Only

Optometry Optical benefit available per beneficiary every 24 months	One optical test per beneficiary per year One pair of clear, standard mono- or bifocal lenses in a standard frame OR contact lenses to the value of R700 R270 discount towards a frame outside the standard range Subject to the use of a primary care network provider, managed care and Scheme protocols
Basic dentistry Subject to use of a primary care network provider, managed care and Scheme protocols	Per beneficiary per year: • One dental examination • Scaling • Polishing • Four extractions, thereafter subject to pre-authorisation • Four fillings, thereafter subject to pre-authorisation
External prostheses	R7 750 per family

THIS OPTION IS EXEMPT FROM PMBs.

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

Out-of-hospital procedures covered on the Essential option, subject to the use of a network provider, managed care and Scheme protocols.

Tariff	Tariff Description
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia), including normal aftercare.
0301	Stitching of soft-tissue injuries: Additional wounds stitched during the same session (each).
0307	Excision and repair by direct suture; excision of the nail fold or other minor procedures of a similar magnitude.
0308	Each additional small procedure performed at the same session.
0255	Drainage of subcutaneous abscess, onychia, paronychia, pulp-space abscess or avulsion of a nail.
0259	Removal of a foreign body from a 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 aftercare).
1232	Electrocardiogram: Without effort for high-risk patients 5 years and older.
1233	Electrocardiogram: With and without effort for high-risk patients 5 years and older.
1136	Up to two 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 380 per family per year, subject to motivation and pre-authorisation
Glucometers	R1 000 per beneficiary every two years
Nebulisers	R1 000 per family every three years
Other appliances – once every four years	Subject to clinical protocols and submission of a motivation and 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 above
Free Hello Doctor advice	Free telephonic medical advice via Hello Doctor. Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages
Hello Doctor virtual consultations	Two virtual consultations and prescribed acute medication per beneficiary in accordance with the acute formulary
Out-of-area or emergency visits	Three visits per family up to a maximum of R1 200 Payable directly to the provider
Wellness benefit	Refer to the beginning of the guide for detailed benefits on free early detection, preventative and antenatal care

THIS OPTION IS EXEMPT FROM PMBs.
Claims on this option are paid at the Scheme rate, up to limits and/or sub-limits in accordance with theexemptions granted by the Council for Medical Schemes. Exclusions, including option-specific exclusions, can be viewed at www.mhcmf.co.za.

IN-HOSPITAL BENEFITS

State hospital	Unlimited treatment in accordance with Scheme protocols and pre-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 seven days
Internal prostheses	R12 000 per family, where approved during hospital admission
Oncology	In- and out-of-hospital, subject to State protocols and pre-authorisation
Pathology	Where approved during hospital admission, 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 Patients will be referred to a State facility for specialist care and confinement
Mental health 24-hour trauma line	Unlimited access to professional support via Syked on 010 746 3755
Ambulance	Emergency road transport only Subject to the use of a network provider, clinical protocols and pre-authorisation

THIS OPTION IS EXEMPT FROM PMBs.
Claims on this option are paid at the Scheme rate, up to limits and/or sub-limits in accordance with the exemption granted by the Council for Medical Schemes. Exclusions, including option-specific exclusions can be viewed at www.mhcmf.co.za.

IMPORTANT: Treatment performed in hospital must be pre-authorised before treatment commences. Some conditions require registration on the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme rules and clinical protocols applicable to each condition. The sub-limits specified below apply per year. If you join the Scheme after January, your limits will be pro-rated.

Custom Option

Targeted at young and healthy members, the Custom option provides you and your dependants with an opportunity to make health part of your journey. Claims on the Custom option are paid at the Scheme rate, up to the limits and/or sub-limits, in accordance with the exemption granted by the Council for Medical Schemes.

Brief description of the benefits offered on the Custom option:

Medicine Benefit

- Unlimited acute medicines within the formulary at dispensing network GPs or prescribed by a network GP to be obtained from pharmacies on the network
- Over-the-counter medicine from a network pharmacy within the formulary
- Chronic medicine obtained from a network pharmacy or GP within the formulary

In-Hospital Benefits

- Unlimited access to State facilities
- Private hospitalisation up to a yearly limit
- Ambulance services: 24-hour access to road ambulance services by calling 0861 009 353

Out-Of-Hospital Benefits

- GP consultations, optometry, dentistry, pathology and radiology benefits
- Access to network specialists
- Free access to telephonic medical advice via Hello Doctor
- Access to virtual consultations via Hello Doctor
- Trauma events not requiring hospitalisation (payable from the available overall annual limit) and subject to clinical protocols

Maternity Benefits

- Maternity benefits subject to registration on the Maternity Programme
- Antenatal care via the network provider
- Maternity scans
- Monthly pregnancy vitamins within the formulary
- Paediatric consultations at a network provider
- Two psychology consultations

Chronic Benefits

When you register on the Medicine Risk Management Programme you are covered for 23 CDL conditions, as well as:

- Depression
- HIV/AIDS
- Menopause
- 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 when referred by a network provider for:

- Baby immunisations – DoH schedule
- Blood pressure test
- Cholesterol test
- Mammogram
- Pap smear
- Flu vaccine at a network pharmacy
- Pneumococcal vaccine – high-risk members
- Prostate-specific antigen (PSA) test
- TB screening
- Colorectal screening
- HPV vaccine
- HIV finger-prick test

MONTHLY CONTRIBUTIONS

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R4 199	R1 479	R1 184	R379
R4 200 – R7 599	R1 556	R1 239	R392
R7 600 – R11 099	R1 704	R1 367	R426
R11 100 – R13 699	R1 948	R1 564	R497
R13 700 – R15 599	R2 549	R2 043	R639
R15 600 – R18 499	R2 716	R2 175	R680
R18 500 – R24 999	R2 985	R2 390	R747
R25 000+	R3 075	R2 462	R769

OUT-OF-HOSPITAL BENEFITS

Primary Care Network

General practitioners (GPs)	Unlimited at the primary care network service provider
Specialist limit	M R 6 000 M+ R12 000 Subject to network GP referral, pre-authorisation and managed care/Scheme protocols
Acute medicine	Unlimited at the primary care network provider – subject to network formulary
Over-the-counter (OTC) medicine	Single member – five prescriptions up to R290 per event Family – seven prescriptions up to R290 per event
Chronic	23 conditions covered, subject to formulary which can be viewed at www.mhcmf.co.za or earlier in the guide Subject to the use of a primary care network provider and managed care protocols
Optometry Optical benefit available per beneficiary every 24 months	One optical test per beneficiary per year One pair of clear, standard mono- or bifocal lenses in a standard frame OR Contact lenses to the value of R700 R270 discount towards a frame outside the standard range Subject to the use of a primary care network provider, managed care and Scheme protocols.
Pathology and radiology	Subject to network GP referral and formulary
Basic dentistry Subject to use of primary network provider and protocols	Per beneficiary per year: • One dental examination • Scaling • Polishing • Four extractions, thereafter subject to pre-authorisation • Four fillings, thereafter subject to pre-authorisation Per adult beneficiary – one set of acrylic dentures every 24 months

OUT-OF-HOSPITAL BENEFITS

Primary Care Network

THIS OPTION IS EXEMPT FROM PMBs.
Claims on this option are paid at the Scheme rate, up to limits and/or sub-limits in accordance with the exemption granted by the Council for Medical Schemes. Exclusions, including option-specific exclusions, can be viewed at www.mhcmf.co.za.

MRI, CT, and radio-isotope scans	Sub-limit of R4 200 per beneficiary Subject to specialist limit
External prostheses	R13 300 per family 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 R9 300 per family subject to motivation and pre-authorisation
Glucometers Nebulisers NEW: Hearing aids Other appliances – once every four years	R1 040 per beneficiary every two years R1 040 per family every three years R9 300 per beneficiary every three years Subject to medical and surgical appliance limit above, formulary based hearing aid price list, use of a network provider, subject to clinical and managed care protocols and pre-authorisation
Free Hello Doctor advice	Free telephonic medical advice via Hello Doctor. Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages
Hello Doctor virtual consultations	Two virtual consultations and prescribed acute medication per beneficiary in accordance with the acute formulary
Out-of-network GP or emergency visits	Three visits per family up to a maximum of R1 200
Out-of-hospital trauma events	Approved trauma events not requiring hospitalisation are payable from the overall annual limit Clinical protocols and policies applicable Note: You may need to provide clinical documentation and triage notes
Wellness benefit	Refer to the beginning of the guide for the detailed benefits on free early detection, preventative care, antenatal care and patient care programmes

THIS OPTION IS EXEMPT FROM PMBs.
Claims on this option are paid at the Scheme rate, up to limits and/or sub-limits in accordance with the exemption granted by the Council for Medical Schemes. Exclusions, including option-specific exclusions, can be viewed at www.mhcmf.co.za.

IMPORTANT: Treatment performed in hospital must be pre-authorised before treatment commences. Some conditions require registration on the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme rules and clinical protocols applicable to each 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: R520 000 Family: R850 000 All services are subject to pre-authorisation and managed care protocols
State hospital	Unlimited treatment in accordance with State protocols and pre-authorisation
Private hospital Network hospitals: Custom Hospital Network	Subject to the overall annual limit and use of a Scheme network hospital and managed care protocols Life Healthcare and alternative hospitals, where Life Healthcare facilities are not available. Hospital networks can be viewed at www.mhcmf.co.za. A 30% co-payment will apply for the voluntary use of a non-network provider
Co-payments for the following specialised procedures/ treatment: Gastroscopy, colonoscopy, sigmoidoscopy, functional nasal and sinus procedures, nail surgery, treating headaches and 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; the procedure is paid at the Scheme rate subject to pre-authorisation and clinical protocols No co-payment will apply if performed out of hospital; procedures are paid at the Scheme rate subject to pre-authorisation and clinical protocols
GPs and specialists	Treatment in accordance with Scheme protocols and use of a network provider; admission to a private hospital is subject to the OAL; claims are paid up to the agreed rate with the provider
To-take-out medicine	Up to seven days
Internal prostheses	R21 300 per family where approved during private hospital admission, subject to the OAL
Alternate care instead of hospitalisation	30 days up to a maximum of R27 900 per family, subject to the OAL
Mental health (in- and out-of-hospital)	Sub-limit of R31 200 and subject to the OAL, clinical protocols and pre-authorisation
Mental health 24-hour trauma line	Unlimited access to professional support via Syked on 010 746 3755
Alcohol and drug rehabilitation	100% of the negotiated rate at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility for up to 21 days and subject to the mental health sub-limit
Oncology	R93 600 per family and subject to the OAL
Pathology	R10 400 per beneficiary and subject to the OAL
Radiology	R10 400 per beneficiary and subject to the OAL
Maternity confinement	State hospital confinement subject to State protocols Private hospital confinement subject to OAL, the use of hospital network providers and managed care protocols
Ambulance	Emergency road transport only Subject to the use of a network provider, clinical protocols and pre-authorisation

THIS OPTION IS EXEMPT FROM PMBs.
Claims on this option are paid at the Scheme rate, up to limits and/or sub-limits in accordance with the exemption granted by the Council for Medical Schemes. Exclusions including option-specific exclusions can be viewed at www.mhcmf.co.za.

Hospicare and Hospicare Network Option

Targeted at members who primarily require hospital cover. Members on the Hospicare Network option can enjoy significant savings on their monthly contributions while still benefiting from comprehensive healthcare cover.

The in- and out-of-hospital benefits are for PMB conditions/treatment only.

NEW! Value-added benefits for GP consultations and acute medication, OTC medicine, virtual GP consultations, including acute medication, optometry benefits and specialist consultations for non-PMB conditions.

Brief description of the benefits offered on the Hospicare and Hospicare Network options

Medicine Benefit

- Treatment for chronic conditions are subject to an approved treatment plan
- Chronic medicine obtained from the Scheme's network pharmacy

In-Hospital Benefits

- Unlimited access to State facilities
- Unlimited private hospital cover for PMB treatment
- Additional benefits for selected non-PMB procedures performed in hospital
- Ambulance services: 24-hour access to road and air emergency medical assistance by calling 0861 009 353

Out-Of-Hospital Benefits

- Access to day-to-day benefits via an approved treatment plan, which includes mammograms as per clinical criteria
- Optometry
- Acute medicine
- Hello Doctor advice
- Virtual consultations
- OTC medicine
- Specialist consultations

Maternity Benefits

- Free comprehensive maternity benefits via the Baby Bumps Programme, subject to registration on the programme
- Benefits include antenatal care, scans, vitamins and paediatric consultations
- Two psychologist consultations during your pregnancy and up to three months after delivery

Chronic Benefits

You are covered for the 26 CDL conditions, as well as:

- HIV/AIDS
- Oncology

Patient Care Programmes

Free access to patient care programmes that manage chronic diseases such as diabetes, oncology and more.

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 when referred by a network provider for:

- Mammogram
- Pap smear
- Prostate-specific antigen (PSA) test
- Flu vaccine at a network pharmacy
- Health risk assessment
- HIV finger-prick test
- HPV vaccine
- Pneumococcal vaccine

MONTHLY CONTRIBUTIONS

OPTION	MEMBER	ADULT	CHILD
Hospicare Network	R2 986	R2 531	R746
Hospicare	R3 459	R2 926	R859

OUT-OF-HOSPITAL BENEFITS

	HOSPICARE NETWORK	HOSPICARE
General practitioners (GPs)	M Two consultations M1 Four consultations M2+ Six consultations	M Two consultations M1 Four consultations M2+ Six consultations
Acute medicine From a Network Pharmacy	M Two prescriptions M1 Four prescriptions M2+ Six prescriptions R300 per prescription	M Two prescriptions M1 Four prescriptions M2+ Six prescriptions R300 per prescription
Chronic medicine	26 conditions covered (see earlier in the guide from a Medipost pharmacy)	26 conditions covered (see earlier in the guide from a network pharmacy)
Over-the-counter (OTC) medicine At a network Pharmacy	Two prescriptions per family up to R300 per prescription	Two prescriptions per family up to R300 per prescription
Co-payment for non-formulary medicine	20%	20%
Co-payment for non-network provider	30%	30%
Non-CDL chronic medicine limit	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Optometry At a PPN provider only	Per beneficiary every 24 months: One composite eye examination, frame to the value of R1 150, two single-vision lenses at R225 per lens, bifocal lenses at R485 per lens; multifocal lenses at R485 per lens OR Contact lenses to the value of R1 900 per 24 months instead of glasses	Per beneficiary every 24 months: One composite eye examination, frame to the value of R1 150, two single-vision lenses at R225 per lens, bifocal lenses at R485 per lens; multifocal lenses at R485 per lens OR Contact lenses to the value of R1 900 per 24 months instead of glasses

OUT-OF-HOSPITAL BENEFITS

	HOSPICARE NETWORK	HOSPICARE
Specialist consultations funded at Scheme rate	M One consultation M1 Two consultations M2+ Three consultations	M One consultation M1 Two consultations M2+ Three consultations
Basic and specialised dentistry	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Auxiliary services	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Additional Benefits		
Free Hello Doctor advice	Free telephonic medical advice via Hello Doctor. Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages	Free telephonic medical advice via Hello Doctor. Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages
Hello Doctor virtual consultations	Two virtual consultations with prescribed acute formulary medicine up to R300 per prescription per beneficiary	Two virtual consultations with prescribed acute formulary medicine up to R300 per prescription per beneficiary
Maternity	• 12 antenatal consultations • Two 2D scans per pregnancy • 3D and 4D scans are paid up to the rate of 2D scans • Two paediatric consultations • Pregnancy vitamins • Addition of two psychologist consultations during your pregnancy and up to three months after delivery	• 12 antenatal consultations • Two 2D scans per pregnancy • 3D and 4D scans are paid up to the rate of 2D scans • Two paediatric consultations • Pregnancy vitamins • Addition of two psychologist consultations during your pregnancy and up to three months after delivery
Medical and surgical appliances	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Nebulisers	R950 per beneficiary every 3 years limited to PMBs	R950 per beneficiary every 3 years limited to PMBs
Glucometers	R950 per beneficiary every 2 years limited to PMBs	R950 per beneficiary every 2 years limited to PMBs
Hearing aids	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Mental health	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
Mental health 24-hour trauma line	Unlimited access to professional support via Syked on 010 746 3755	Unlimited access to professional support via Syked on 010 746 3755
Child immunisations	Up to the age of 12 years, as per Department of Health protocols	Up to the age of 12 years, as per Department of Health protocols
Patient care programmes (diabetes, HIV/AIDS, oncology)	Subject to registration	Subject to registration
Only the seven non-PMB procedures listed are covered in hospital at a network provider and is paid at the Scheme rate	• Tonsillectomy • Adenoidectomy • Basic dentistry – up to the age of 8 years • Grommets • Carpal tunnel • Varicose veins • Bunionectomy	• Tonsillectomy • Adenoidectomy • Basic dentistry – up to the age of 8 years • Grommets • Carpal tunnel • Varicose veins • Bunionectomy

IN-HOSPITAL BENEFITS

	HOSPICARE NETWORK	HOSPICARE
All services are subject to pre-authorisation and managed care protocols	Network hospital: Life Healthcare, PMBs only	Any hospital – PMBs only
State and private hospitals	Unlimited – PMBs only, 30% co-payment for the use of a non-network provider	Unlimited – PMBs only
GPs and specialists	271 DTPs; PMB treatment only	271 DTPs; PMB treatment only
To-take-out medicine	Up to seven days	Up to seven days
Organ transplant	Includes heart, liver and kidney transplants, including harvesting and transportation costs	Corneal transplant, including harvesting and transportation costs
All requests will be subject to clinical protocols and the use of a national donor only	Unlimited – PMBs only	Unlimited – PMBs only
Prostheses	Unlimited – PMBs only	Unlimited – PMBs only
Reconstructive surgery	Unlimited – PMBs only	Unlimited – PMBs only
MRI, CT, PET and radio-isotope scans	Unlimited – PMBs only	Unlimited – PMBs only
Alternate care instead of hospitalisation	Unlimited – PMBs only	Unlimited – PMBs only
Mental health	100% of Scheme rate	100% of Scheme rate
Alcohol and drug rehabilitation	100% of negotiated rate at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility and subject to managed care protocols	100% of negotiated rate at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility and subject to managed care protocols
Dialysis	Unlimited – PMBs only	Unlimited – PMBs only
Oncology Treatment covered at DSP rates if a network provider is used	Unlimited – PMBs only	Unlimited – PMBs only
Pathology and radiology	Unlimited – PMBs only	Unlimited – PMBs only
Ambulance	Road and air transportation, PMBs only Subject to authorisation from AZOZA	Road and air transportation, PMBs only Subject to authorisation from AZOZA

IMPORTANT: Treatment performed in hospital must be pre-authorised before treatment commences. Some conditions require registration on the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme rules and clinical protocols applicable to each condition. The sub-limits specified below apply per year. If you join the Scheme after January, your limits will be pro-rated.

Classic And Classic Network Option

This new-generation savings option provides members with the flexibility and independence to manage their day-to-day expenses, while benefiting from comprehensive hospital cover and benefits for 26 CDL and 10 non-CDL conditions. Members on the Classic Network option can enjoy significant savings on their monthly contributions while still enjoying comprehensive cover.

Brief description of the benefits offered on the Classic and Classic Network options:

Medicine Benefit

Access to acute, preventative and over-the-counter medicines
Chronic medicine for the 26 CDL conditions as well as for 10 non-CDL conditions:

- 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: 24-hour access to road and air ambulance services by calling 0861 009 353

Out-Of-Hospital Benefits

- GP and specialist consultations, optometry, dentistry and other benefits
- Emergency medical care via the ER made easy
- Free access to telephonic medical advice via Hello Doctor
- Access to virtual consultations via Hello Doctor

Maternity Benefits

- Free comprehensive maternity benefits via the Parent Sense Programme, subject to registration on the Maternity Programme
- Antenatal care, scans, vitamins and paediatric care
- Two psychology consultations
- Two lactation consultations, limited to R1 300 per pregnancy

Chronic Benefits

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

- 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 for:

- Basic dentistry
- Cholesterol test
- Colorectal screening
- Contraception
- DEXA bone density scan
- Flu vaccine at a network pharmacy
- Glaucoma screening
- Glucose test
- Health risk assessment
- HPV vaccine
- Mammogram
- Pap smear
- Pneumococcal vaccine – high-risk members
- Prostate-specific antigen (PSA) test
- TB screening
- Tetanus-diphtheria injection
- HIV finger-prick test

MONTHLY CONTRIBUTIONS

OPTION	MEMBER	ADULT	CHILD
Classic Network	R4 962	R4 210	R1 241
Classic	R5 820	R4 940	R1 457

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.

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.

ANNUAL SAVINGS LIMIT

OPTION	MEMBER	ADULT	CHILD
Classic Network	R8 932	R7 578	R2 234
Classic	R10 476	R8 892	R2 623

OUT-OF-HOSPITAL BENEFITS

	Classic Network	Classic
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. If you terminate your membership before the end of the year positive savings are paid to your new scheme after four and a half months. Should you have used more than the ASL allocation, you will be requested to reimburse the difference to the Scheme.		
General practitioners (GPs) and specialists	Subject to ASL	Subject to ASL
Hello Doctor virtual consultations	Virtual consultations with prescribed acute formulary medicine from the ASL per beneficiary	Virtual consultations with prescribed acute formulary medicine from the ASL per beneficiary
Hello Doctor advice	Unlimited	Unlimited
Acute medicine	Subject to ASL	Subject to ASL
Over- the-counter (OTC) medicine	Subject to ASL R350 per beneficiary per day	Subject to ASL R350 per beneficiary per day
Optometry	Subject to ASL	Subject to ASL
Frames and lens enhancements can be paid from savings where the amount exceeds the stated amounts	Per beneficiary every 24 months One composite eye examination Frame to the value of R1 210 Two lenses OR	Per beneficiary every 24 months: One composite eye examination Frame to the value of R1 210 Two lenses OR
Members may use positive savings for claim values above the annual optometry limits	Contact lenses to the value of R1 530 per year, instead of glasses	Contact lenses to the value of R1 530 per year, instead of glasses

OUT-OF-HOSPITAL BENEFITS

	Classic Network	Classic
Basic and specialised dentistry: Please note that while dentures are covered, there is a limit of one set of dentures per beneficiary every four years per beneficiary. General anaesthetic is available for children under the age of 8 for basic treatment every 24 months per beneficiary. Removal of impacted wisdom teeth in theatre must be pre-authorised quotation and panoramic radiograph required)	Subject to ASL	Subject to ASL
Auxiliary services	Subject to ASL	Subject to ASL
Mental health	Subject to ASL	Subject to ASL
Mental health 24-hour trauma line	Unlimited access to professional support via Syked on 010 746 3755	Unlimited access to professional support via Syked on 010 746 3755
Additional Benefits (not paid from ASL)		
Diabetic devices Sub-limits: Insulin pumps every 5 years	R120 000 per beneficiary R55 000 per beneficiary	R120 000 per beneficiary R55 000 per beneficiary
Integrated insulin pump consumables per year	R78 000 per beneficiary	R78 000 per beneficiary
Continuous glucose monitors per year Treatment is subject to pre-authorisation, detailed clinical motivation and strict clinical protocols	R30 000 per beneficiary	R30 000 per beneficiary
Specialty medicines Treatment is subject to pre-authorisation, detailed clinical motivation and strict clinical protocols	R200 000 per beneficiary per annum	R200 000 per beneficiary per annum
Contraceptives: oral, devices and injectables	R1 660 per female beneficiary up to the age of 45 years per annum	R1 660 per female beneficiary up to the age of 45 years per annum

OUT-OF-HOSPITAL BENEFITS

	Classic Network	Classic
Chronic benefit	26 CDL conditions - unlimited	26 CDL conditions - unlimited
Non-CDL conditions	10 non-CDL conditions subject to sub-limits M0 R 6 300 M1 R 12 500 M2 R 15 600 M3 R 16 900 M4 R 18 400	10 non-CDL conditions subject to sub-limits M0 R 6 300 M1 R 12 500 M2 R 15 600 M3 R 16 900 M4 R 18 400
Medicine provider	Medipost pharmacy	Network pharmacy
Co-payment for using a non-network provider	30%	30%
Co-payment for using non-formulary medication	20%	20%
Free Hello Doctor advice	Free telephonic medical advice via Hello Doctor: Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages	Free telephonic medical advice via Hello Doctor: Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages
Medical and surgical appliances General appliances per family	R17 700	R17 700
Hearing aids every 3 years Subject to medical and surgical appliance limit above, formulary-based hearing aid price list, use of a network provider, subject to clinical and managed care protocols and pre-authorisation	Subject to the medical and surgical appliance limit above Note! Contact us for details of our preferred provider	Subject to the medical and surgical appliance limit above Note! Contact us for details of our preferred provider
Sub-limit Glucometer per beneficiary every 2 years	R1 040	R1 040
Sub-limit Nebuliser per family every 3 years	R1 040	R1 040
Sub-limit Hearing aid maintenance per beneficiary	R1 350	R1 350
Wheelchair per beneficiary every 3 years	Subject to the medical and surgical appliance benefit	Subject to the medical and surgical appliance benefit
External prostheses per family	R31 200	R31 200
MRI, CT, PET and radio-isotope scans 2 scans per family paid from risk benefits, thereafter ASL	R18 000 per scan	R18 000 per scan
Extra consultations and medicine 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. 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

	Classic Network	Classic
In-hospital limits	Network hospital - Life Healthcare	Any hospital
State and private hospitals	Unlimited 30% co-payment for using non-network provider	Unlimited Any hospital
Co-payments Gastroscopy Colonoscopy Sigmoidoscopy Arthroscopy Joint replacements Diagnostic laparoscopy Facet joint injections	If performed in hospital R1 200 co-payment per admission Member to pay the treating practitioner directly If performed out of hospital no co-payments would apply.	If performed in hospital R1 200 co-payment per admission Member to pay the treating practitioner directly If performed out of hospital no co-payments would apply.
GPs and specialists *Specialist procedures instead of hospitalisation are surgical procedures performed in a specialist's rooms as an alternative to hospital admission. The specialist will be reimbursed at the applicable in-hospital rate for the procedure.	At Scheme rate Specialists subject to preferred provider rates	At 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 R82 600 per family	National donor only R82 600 per family
Refractive eye surgery Once per beneficiary per lifetime	R7 100 per eye R14 700 maximum for both eyes	R7 100 per eye R14 700 maximum for both eyes
Reconstructive surgery for non-PMB	R82 500 per family	R82 500 per family
MRI, CT, PET and radio-isotope scans	Unlimited	Unlimited
Alternate care instead of hospitalisation	R46 500 per family for up to 30 days per event	R46 500 per family for up to 30 days per event
Mental health (in- and out-of-hospital)	100% of Scheme rate	100% of Scheme rate

IN-HOSPITAL BENEFITS

	Classic Network	Classic
Alcohol and drug rehabilitation	100% of the negotiated rate at a South African National Council on Alcohol and Drug Dependence (SANCA) approved facility up to 21 days	100% of the negotiated rate at a South African National Council on Alcohol and Drug Dependence (SANCA) approved facility up to 21 days
Oncology in- and out-of-hospital (non-PMB)	R520 000 per family per annum Thereafter a 20% co-payment applies	R520 000 per family per annum Thereafter a 20% co-payment applies
PMB cases	Unlimited	Unlimited
Pathology and basic radiology	At Scheme rate	At Scheme rate
Dialysis	At a preferred provider	At a preferred provider
Ambulance transport South Africa and SADC*	Emergency – road and air Subject to authorisation from AZOZA	Emergency – road and air Subject to authorisation from AZOZA
Internal prostheses per family	R49 400	R49 400

*Note: Claims incurred in the SADC region may be refunded at Scheme rate.

Optimum Option

This traditional option provides members with comprehensive cover, which includes extensive day-to-day benefits. This is the option to choose when you need a choice of providers.

Brief description of the benefits offered on the Optimum option:

Medicine Benefit

- Acute and preventative medicine
- Over-the-counter medicines
- Chronic medicine for the 26 CDL conditions
- Additional 30 non-CDL conditions
  - 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
  - Psoriasis
  - Psoriatic Arthritis
  - Renal Calculi
  - Thromboembolic Disease
  - Tourette Syndrome
  - Trigeminal Neuralgia

Other

- HIV/ AIDS
- Oncology

In-Hospital Benefits

- Unlimited hospital cover
- Ambulance services: 24-hour access to road and air ambulance by calling 0861 009 353

Out-Of-Hospital Benefits

- GP and specialist consultations, optical, dentistry and other benefits
- Emergency medical care via ER made easy
- Free access to telephonic advice via Hello Doctor
- Virtual consultations via Hello Doctor

Maternity Benefits

- Comprehensive maternity benefits via the Parent Sense Programme subject to registration on the Maternity Programme
- Antenatal classes, scans, vitamins, pathology and paediatric care
- 2 psychology consultations
- 2 lactation consultations

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 for:

- Cholesterol test
- Colorectal screening
- DEXA bone density scan
- Flu vaccines
- Glaucoma screening
- Glucose test
- Health risk assessment
- HPV Vaccine
- Mammogram
- Pap smear
- Pneumococcal vaccine
- Prostate-specific antigen (PSA) testing
- TB screening
- Tetanus-diphtheria injection
- HIV finger-prick test

MONTHLY CONTRIBUTIONS

MEMBER	ADULT	CHILD
R10 882	R9 263	R2 726

OUT-OF-HOSPITAL BENEFITS

Day-to-day limit	M R35 300 M1 R51 200 M2 R59 200 M3+ R67 100
General practitioners (GPs) and specialists	Subject to day-to-day limit
Hello Doctor virtual consultations Subject to day-to-day benefits	Virtual consultations with prescribed acute formulary medicine per beneficiary from day-to-day limit
Acute medicine	M R15 200 M1 R16 500 M2 R19 500 M3 R21 250 M4+ R22 700
Over- the-counter (OTC)	R400 per beneficiary per event and acute medicine limit
Optometry	Per beneficiary every 24 months: 1 composite eye examination, Frame of up to R1 905 2 lenses OR Contact lenses of up to R2 280 instead of glasses per year
Dentistry Basic Dentistry: Specialised Dentistry Dentures are covered, at 1 set of dentures every 4 years per beneficiary.	 M R5 000 M+ R8 000 M R17 200 M+ R25 500
Auxiliary services Sub-limits	At a preferred provider subject to day-to-day limits M R6 500 M+ R19 600

Additional benefits not from day-to-day limits

Diabetic devices Sub-limits: Insulin pump every 5 years Integrated insulin pump consumables per year Continuous glucose monitor per year Treatment is subject to pre-authorisation, detailed clinical motivation, and strict clinical protocols.	R120 000 per beneficiary R55 000 per beneficiary R78 000 per beneficiary R30 000 per beneficiary
Specialty medicines Treatment is subject to pre-authorisation, detailed clinical motivation, and strict clinical protocols.	R200 000 per beneficiary per year

OUT-OF-HOSPITAL BENEFITS

Contraceptives: oral, devices and injectables	R1 660 per female beneficiary up to the age of 45 years per year
Chronic benefit Benefits are subject to registration on the Medicine Risk Management Programme	26 CDL conditions - unlimited plus 29 non-CDL conditions subject to the limits below M R8 900 M1 R17 800 M2 R19 200 M3 R22 200 M4+ R23 400
Co-payment for non-formulary medicine	20%
Free Hello Doctor advice	Free telephonic medical advice via Hello Doctor. Talk to or text a doctor from your mobile device, anytime, anywhere, in any of our official languages
Medical and surgical appliances General appliances per family Nebuliser per family every three years Glucometer per beneficiary every two years	 R13 200 R1 040 R1 040
Wheelchair per beneficiary every 3 years	Subject to the medical and surgical appliance benefit
Hearing aids per beneficiary every three years Formulary based hearing aid price list, use of a network provider, subject to clinical and managed care protocols and pre-authorisation Hearing aid maintenance Contact us to find providers in your area	R14 900 unilateral R29 800 bilateral R1 350 per beneficiary
External Prostheses per family	R36 900
MRI, CT, PET and radio-isotope scans Two scans per family paid from risk benefits, thereafter from day-to-day limit	R18 000 per scan
Patient care programmes (diabetes, HIV, oncology)	Subject to registration and managed care protocols

IN-HOSPITAL BENEFITS

State and private hospital	Unlimited
Co-payments Procedure or treatment: Gastroscopy Colonoscopy Sigmoidoscopy Arthroscopy Joint replacements Diagnostic laparoscopy Facet joint injections	 Performed in hospital R1 200 co-payment per admission Member to pay the treating practitioner directly. Performed out of hospital The specialist will be reimbursed at the applicable in-hospital rate for the procedure.
GPs and specialists Specialist procedures instead of hospitalisation are surgical procedures performed in a specialist's rooms as an alternative to hospital admission. The specialist will be reimbursed at the applicable in-hospital rate for the procedure.	Unlimited specialists
To-take-out medicine	Up to 7 days
Organ transplants (non-PMB cases) Includes harvesting and transportation costs National donor only	R82 600 per family
Internal prostheses	R62 400 per family
Refractive eye surgery once per beneficiary per lifetime	R7 100 per eye R14 200 maximum for both eyes
Reconstructive surgery Non PMB	R82 500 per family
MRI, CT, PET and radio-isotope scans	Unlimited
Alternate care instead of hospitalisation	R52 500 per family for up to 30 days per event
Mental health (in- and out-of-hospital)	100% of Scheme rate
Mental Health 24- hour Trauma Line	Unlimited access to professional support via Syked on 010 746 3755
Alcohol and drug rehabilitation	100% of the negotiated rate at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility for up to 21 days
Oncology in- and out-of-hospital (non-PMB)	Unlimited
Pathology and basic radiology	Unlimited
Dialysis	At a preferred provider
Ambulance transport South Africa and SADC*	Emergency – road and air Subject to authorisation from AZOZA

*Note: claims incurred in the SADC region may be refunded at Scheme rate.

moto
HEALTH CARE

taking care of our own

Your guide to understanding and making the most of your Moto Health Care benefits.

mhcmf.co.za