

2025 ESSENTIAL BENEFITS



THE ESSENTIAL OPTION AT A GLANCE

This entry level option is ideal for first time medical cover buyers – young and healthy individuals. It offers generous primary care benefits; unlimited public hospital cover. 16 Chronic conditions and stabilisation in a private hospital.

Brief description of benefits offered on the Essential 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
Access to emergency and trauma care in a private hospital

AMBULANCE SERVICES

24-hour access to road ambulance

Out-Of-Hospital Benefits

Unlimited GP consults, Optical, Dentistry, Pathology and Radiology benefits

Access to network specialists.

Free and unlimited access to telephonic advice via Hello Doctor.

11 additional procedures available from network providers

Maternity Benefits

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

Ante-natal care via the network provider

Flu vaccination per pregnancy

Monthly pregnancy vitamins

Paediatric visits at a network provider

Chronic Benefits

You are covered for 15 CDL conditions in 2025 as well as:

- Menopause

OTHER:

- 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

Don't forget to register onto the Chronic Programme

ESSENTIAL OPTION



MONTHLY CONTRIBUTION

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 618	R482	R289	R194
R3 619 – R7 766	R513	R308	R194
R7 767 – R11 383	R734	R445	R289
R11 384 +	R847	R513	R344

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 = R1 845 M+ = R3 685 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

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	16 conditions covered subject to formulary which can be viewed on the website (see page 20) Subject to use of a primary care network provider and protocols
Pathology	Pathology out of hospital - subject to network GP referral and formulary tests
Radiology	Out of hospital - subject to network GP referral and formulary tests

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

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 R647 R247 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 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
External prostheses	Per family = R7 100

Out-of-hospital procedures covered by the Essential Benefit Option subject to use of a network provider

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.
1233	Electrocardiogram: With and without effort.
1136	Nebulisation (in rooms).

Medical and surgical appliances (in- and out-of-hospital)	The following appliances are subject to the annual limit of R3 080 per family subject to motivation and pre-authorisation
Glucometers	R915 per beneficiary every 2 years
Nebulisers	R915 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 list on page 42.
Free Hello Doctor advice	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, anytime, anywhere, in any official language – for free. Refer to page 10 for detailed information
Out-of-area or emergency visits	Per family = three visits to a maximum of R1 105
Paediatric visits	1 visit per family subject to the Specialist benefit limit
Wellness Benefit	Refer to pages 5 to 9 for the detailed benefits on free early detection, preventative and ante-natal care.

IMPORTANT

Treatment performed in-hospital needs to be pre-authorized 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

Public hospital	Unlimited treatment in accordance with Scheme protocols
Private hospital	Resuscitation and stabilisation only
	Antenatal care available from a primary care network provider for the first 20 weeks
Subject to pre-authorisation within 48 hours of admission and managed care protocols	Unlimited at the primary care network provider – subject to network formulary
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 020 where approved during hospital admission
Oncology	Where approved during hospital admission Subject to state and managed care protocols
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 Patient will be referred to a state facility for specialist care and the confinement
Ambulance	Emergency road transport only Subject to use of DSP, clinical protocols and pre-authorisation

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