

2025 OPTION BENEFITS



THE OPTIMUM OPTION AT A GLANCE

This traditional and first-class option provides members with comprehensive cover, which includes extensive day-to-day benefits; unlimited private hospitalisation; 26 CDL plus 28 non-CDL conditions. 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 28 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

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 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 the 26 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
 - Migraine prophylaxis
 - Motor neuron disease
 - Narcolepsy
 - Neurogenic bladder
 - Onychomycosis
 - Osteoporosis
 - Osteoarthritis
 - 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
- OTHER:**
- HIV/AIDS
 - Oncology

Remember: Chronic medicines approved from the additional non-PMB chronic condition benefit on the Classic + Classic Network and Optimum options will be paid subject to an annual limit. Please call 0861 000 300 for more information.

Don't forget to register onto the Chronic Programme

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 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

OPTIMUM OPTION



MONTHLY CONTRIBUTION

MEMBER	ADULT	CHILD
R9 287	R7 905	R2 326

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 73

All sub limits set out below are subject to the day to day limit.

ANY PROVIDER

All sub-limits set out below are subject to the day-to-day limits.

Day-to-day limit	M R32 480 M1 R45 275 M2 R52 655 M3+ R61 815
General practitioners (GPs) and specialists	Subject to day-to-day limit
Telehealth	Subject to day-to-day limit Scheme rates and managed care protocols apply Please call 0861 000 300 for more information

MEDICINES

Acute medicine	M R14 040 M1 R15 210 M2 R17 910 M3 R19 540 M4+ R20 830
Over-the-counter (OTC)	R265 per beneficiary per day
Contraceptives: oral, devices and injectables Devices subject to pre-authorisation	R1500 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 prescribed minimum benefits. Refer to page 20 for more information on co-payments
Optometry	Per beneficiary = 1 composite eye examination Per beneficiary = a frame of up to R1 650 and 2 lenses every 24 months OR Contact lenses of up to R2 280 instead of glasses per year

DENTISTRY	
Basic	Single member = R2 985 Family = R6 010
Specialised	Single member = R15 800 Family = R23 455
Auxiliary services Sub-limits	At a preferred provider, subject to auxiliary sub-limit and day-to-day limits Single Member = R5 975 Family = R18 030
ADDITIONAL BENEFITS (PAID FROM RISK BENEFITS)	
Chronic medicine Non-CDL chronic medicine limit	26 conditions – unlimited – plus 28 conditions, subject to sub-limits: M R 8 080 M1 R16 170 M2 R17 460 M3 R20 150 M4+ R21 280
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 page 10 for detailed information.
Medical and surgical appliances – general Sub-limits to Appliance Benefit Glucometer per beneficiary every 2 years Nebuliser per family every 3 years	Per family = R12 200 R920 R920
Hearing aids Per beneficiary every 3 years Hearing aid maintenance	Unilateral = R13 720 Bilateral = R27 440 R1 230 per beneficiary per annum
External Prosthesis	Per family per annum = R34 000
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. 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

ANY HOSPITAL

Subject to pre-authorisation and managed care protocols

Public and private hospital	Unlimited
-----------------------------	-----------

CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT

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

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 Scheme rate subject to pre-authorisation and clinical protocols
GPs and specialists	Unlimited Specialist – subject to preferred provider rates
To-take-out medicine	Up to 7 days
Organ transplants (non-PMB cases)	Per family = R76 070 limit includes harvesting and transportation costs National donor only
Internal prostheses	Per family per annum = R55 125
Refractive eye surgery	Per beneficiary per eye = R6 540; maximum of R 13 080 for both eyes once per lifetime
Reconstructive surgery	Per family = R75 950
MRI, CT, PET and radio isotope scans	R16 650 per scan per family per annum = 2 scans from risk thereafter from the annual day-to-day limit subject to clinical protocols and pre-authorisation
Alternative care instead of hospitalisation	Per family = 30 days to a maximum of R48 320 per event subject to clinical protocols and pre-authorisation
Mental health (in- and out-of-hospital)	100% of Scheme rate – Subject to clinical protocols and pre-authorisation
Alcohol and drug rehabilitation	100% of negotiated rate, a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility Subject to clinical protocols
Oncology	Unlimited clinical protocols and pre-authorisation
Pathology and radiology	Unlimited subject to clinical protocols
Dialysis	Unlimited and subject to use of DSP, clinical protocols and pre-authorisation
General dentistry	Subject to day-to-day limit and sub-limits
Ambulance transport	Emergency road and air transport subject to use of the designated service provider, clinical protocols and pre-authorisation