






THE CLASSIC AND CLASSIC NETWORK OPTION AT A GLANCE

This new generation plan provides members with the flexibility and independence to manage their own day to day expenses via generous savings and a rich hospital cover. Members on the Classic Network option can enjoy significant savings on their monthly contributions and still enjoy comprehensive benefits.

Here's a high-level summary of benefits offered on the Classic and Classic Network options:

 <h3>OUT OF HOSPITAL BENEFITS</h3> <p>Unlimited GP and Specialists consults Access to optical and dentistry benefits</p> <p>Free emergency medical care via ER made EASY</p> <p>Free and unlimited access to telephonic advice via Hello Doctor – anywhere, 24/7</p>	 <h3>IN HOSPITAL BENEFITS</h3> <p>Unlimited access to state facilities</p> <p>Unlimited private hospital cover</p> <h4>AMBULANCE SERVICES</h4> <p>You have 24-hour access to emergency medical assistance -Subject to use of the MHC designated service provider and authorisation</p>	 <h3>MATERNITY BENEFITS</h3> <p>Free comprehensive maternity benefits via the Baby Bumps programme subject to registration onto the programme</p> <p>Benefits include ante-natal care, scans, vitamins and paediatric visits</p>	 <h3>MEDICINE BENEFIT</h3> <p>Access to acute and preventative medicines Over the counter medicine subject to use of a network pharmacy/formulary</p> <p>Chronic medicine for 26 conditions - medicines must be obtained from the Scheme's network pharmacy</p> <p>Plus, cover for non-CDL conditions and medicines</p> <p><i>Don't forget to register onto the Chronic Programme</i></p>
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CHRONIC BENEFITS

You are covered for:

Addison's Disease	Hyperlipidaemia
Asthma	Hypertension
Bipolar mood disorder	Hypothyroidism
Bronchiectasis	Menopause
Cardiac failure	Multiple Sclerosis
Cardiomyopathy	Parkinson's Disease
Chronic Obstructive Pulmonary Disease (COPD)	Rheumatoid Arthritis
Chronic Renal Disease	Schizophrenia
Coronary Artery Disease	Systemic Lupus Erythematosus (SLE)
Crohn's Disease	Ulcerative Colitis
Diabetes Insipidus	Other
Diabetes Mellitus Type 1	HIV/AIDS
Diabetes Mellitus Type 11	Oncology
Dysrhythmia	
Epilepsy	
Glaucoma	
Haemophilia	

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:

Dexa bone density scan	Glucose test
Cholesterol test	TB Screening
Mammogram	Glaucoma screening
Pap smear	Pneumococcal vaccines
Prostate specific antigen (PSA) testing	
Tetanus diphtheria injection	

CLASSIC OPTION

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

OPTION	MEMBER	ADULT	CHILD
Classic Network	R6 660	R5 640	R1 680
Classic	R7 860	R6 600	R1 980

MONTHLY CONTRIBUTION

OPTION	MEMBER	ADULT	CHILD
Classic Network	R3 300	R2 800	R825
Classic	R3 870	R3 285	R970

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 63.

	CLASSIC NETWORK	CLASSIC
General practitioners (GPs) and specialists	Subject to ASL	Subject to ASL
Medicines Acute Over the counter (OTC) Preventative medicines	Subject to ASL R220 per event per day Paid from ASL – refer to page 15	Subject to ASL R220 per event per day Paid from ASL – refer to page 15
Chronic benefit Benefits are subject to registration onto the chronic management programme	Provider - Medipost pharmacy 26 conditions covered as per the chronic disease list and prescribed minimum benefits Refer to page 16 for more information on co-payments	Provider - Network pharmacy 26 conditions covered as per the chronic disease list and prescribed minimum benefits Refer to page 16 for more information on co-payments
Optometry Subject to ASL	Per beneficiary: 1 composite eye examination, a frame of up to R820 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year Members may utilize positive savings for claim values above the annual optometry limits. Please call 0861 000 300 for more info	Per beneficiary: 1 composite eye examination, a frame of up to R820 and 2 lenses every 24 months OR contact lenses of up to R1 530 instead of glasses per year Members may utilize positive savings for claim values above the annual optometry limits. Please call 0861 000 300 for more info

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Dentistry: Basic and specialised Please note that, while dentures are covered, there is a limit of 1 set of dentures every 4 years per beneficiary. General anaesthetic is available for children under the age of 8 for extensive basic treatment and this is limited to once every 24 months per beneficiary. Cover is available for the removal of impacted wisdom teeth in theatre but must be pre-authorised by emailing a detailed quotation and clear panoramic radiograph to the dental department.	Subject to ASL	Subject to ASL
Auxiliary services	Subject to ASL	Subject to ASL
ADDITIONAL BENEFITS (not paid from ASL)		
Chronic medicines Non-CDL chronic medicine	26 conditions – unlimited (page 44) – plus 10 conditions, subject to sub-limits: M0 – R4 700 M1 – R9 300 M2 – R11 600 M3 – R12 600 M4 – R14 300 M5+ – R16 500	26 conditions – unlimited (page 44) – plus 10 conditions, subject to sub-limits: M0 – R4 700 M1 – R9 300 M2 – R11 600 M3 – R12 600 M4 – R14 300 M5+ – R16 500
Network provider Co-payment for non-formulary medicine Co-payment for use of non-network provider	Medipost Pharmacy 20% 30%	Scheme network pharmacy 20% 30%
Free Hello Doctor consults	Telephonic consults via HELLO DOCTOR. Talk or text a doctor on your phone, anytime, anywhere, official language – for free. Refer to page 8 for detailed information	Telephonic consults via HELLO DOCTOR. Talk or text a doctor on your phone, anytime, anywhere, official language – for free. Refer to page 8 for detailed information
Medical and surgical appliances General appliances per family per annum Sub-limits to Appliance Benefit: Glucometer per beneficiary every 2 years Nebuliser per family every 3 years	R13 300 R790 R790	R13 300 R790 R790
External Prosthesis per family per annum	R23 500	R23 500
MRI, CT, PET and radio isotope scans	Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols	Per family = 2 scans paid from risk benefits thereafter ASL Subject to pre-authorisation and managed care protocols

	CLASSIC NETWORK	CLASSIC
Hearing aids	Subject to medical and surgical appliance limit every 3 years	Subject to medical and surgical appliance limit every 3 years
Hearing aid maintenance	R1 060 per beneficiary per annum	R1 060 per beneficiary per annum
Mental health	Subject to ASL	Subject to ASL
Extra consultations and medicine (Only once ASL reaches 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

IN-HOSPITAL BENEFITS

SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	CLASSIC NETWORK	CLASSIC
<p>IMPORTANT: Treatment performed in-hospital or falls within the Major Medical Benefits needs to be pre-authorized 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.</p>		
In-hospital limits	Network hospital - Life Healthcare	Any hospital
State and private hospital	Unlimited 30% co-payment for using non-network provider	Unlimited
CO-PAYMENT FOR SPECIALIZED PROCEDURES/TREATMENT <i>(This co-payment is only applicable to benefit below and not the entire benefit)</i>		
Procedure/treatment Gastroscopy, colonoscopy, sigmoidoscopy, arthroscopy, joint replacements, diagnostic laparoscopy, urological scopes and facet joint injections	<p>If performed in hospital A co-payment of R1200 will apply per admission which needs to be paid directly by the member to the treating practitioner</p> <p>If performed out of hospital Procedure will be paid at scheme rate subject to pre-authorization and clinical protocols</p>	<p>If performed in hospital A co-payment of R1200 will apply per admission which needs to be paid directly by the member to the treating practitioner</p> <p>If performed out of hospital Procedure will be paid at scheme rate subject to pre-authorization and clinical protocols</p>
GPs and specialists	At Scheme rate Specialists subject to preferred provider rates	At Scheme rate Specialists subject to preferred provider rates

SUBJECT TO PRE-AUTHORISATION AND MANAGED CARE PROTOCOLS	CLASSIC NETWORK	CLASSIC
To-take-out medicine	Up to 7 days	Up to 7 days
Organ transplants (non-PMB cases)	Per family = R65 000 (limit includes harvesting and transportation costs) National donor only	Per family = R65 000 (limit includes harvesting and transportation costs) National donor only
Internal prosthesis	Per family per annum = R37 000	Per family per annum = R37 000
Refractive eye surgery	Per beneficiary per eye = R5 590 maximum of R11 180 for both eyes once Per lifetime	Per beneficiary per eye = R5 590 maximum of R11 180 for both eyes once Per lifetime
Reconstructive surgery (as part of PMBs)	Per family = R64 900	Per family = R64 900
MRI, CT, PET and radio isotope scans	Per family = 2 scans paid from risk thereafter from ASL subject to motivation Subject to clinical protocols and pre-authorisation	Per family = 2 scans paid from risk thereafter from ASL subject to motivation Subject to clinical protocols and pre-authorisation
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R35 000 per event subject to clinical protocols and pre-authorisation	Per family = 30 days to a maximum of R35 000 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	100% of Scheme rate subject to clinical protocols and pre-authorisation
Alcohol and drug rehabilitation	100% of negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA)-approved facility	100% of negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA)-approved facility
Oncology in and out of hospital Non-PMB cases	Per family = R500 000 per annum 20% co-payment after limit has been reached	Per family = R500 000 per annum 20% co-payment after limit has been reached
PMB cases	Subject to clinical protocols and preauthorisation Unlimited	Subject to clinical protocols and preauthorisation Unlimited
Pathology and basic radiology	At Scheme rate	At Scheme rate
Dialysis	Subject to use of preferred provider, clinical protocols and pre-authorization	Subject to use of preferred provider, clinical protocols and pre-authorization
General dentistry	Subject to ASL and dental protocols	Subject to ASL and dental protocols
Ambulance transport	Emergency – road and air Subject to use of the designated service provider, clinical protocols and pre-authorization	Emergency – road and air Subject to use of the designated service provider, clinical protocols and pre-authorization