




THE OPTIMUM OPTION AT A GLANCE

This traditional and first-class plan provides members with comprehensive cover which includes extensive day to day benefits paid from the insured benefits and unlimited hospital cover. The option to choose if you would like a choice of providers.

Here's a high-level summary of benefits offered on the Optimum options:

 <h3>OUT OF HOSPITAL BENEFITS</h3> <p>Unlimited GP and Specialists consults</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 Access to optical and dentistry benefits</p>	 <h3>IN HOSPITAL BENEFITS</h3> <p>Unlimited access to state facilities 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. 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	Haemophilia
Asthma	Hyperlipidaemia
Bipolar mood disorder	Hypertension
Bronchiectasis	Hypothyroidism
Cardiac failure	Menopause
Cardiomyopathy	Multiple Sclerosis
Chronic Obstructive Pulmonary Disease (COPD)	Parkinson's Disease
Chronic Renal Disease	Rheumatoid Arthritis
Coronary Artery Disease	Schizophrenia
Crohn's Disease	Systemic Lupus
Diabetes Insipidus	Erythematosis (SLE)
Diabetes Mellitus Type 1	Ulcerative Colitis
Diabetes Mellitus Type 11	
Dysrhythmia	Other
Epilepsy	HIV/AIDS
Glaucoma	Oncology

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

OPTIMUM OPTION

MONTHLY CONTRIBUTION

MEMBER	ADULT	CHILD
R7 125	R6 065	R1 785

OUT-OF-HOSPITAL BENEFITS

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

ANY PROVIDER

Day-to-day limit	M0 – R26 600 M1 – R37 000 M2 – R43 000 M3+ – R50 500
General practitioners (GPs) and specialists	Subject to day-to-day limit
Medicines Acute medicine	M0 – R12 000 M1 – R13 000 M2 – R15 300 M3 – R16 700 M4+ – R17 800
Over the counter (OTC)	R220 per event per day
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 16 for more information on co-payments
Optometry	Per beneficiary = 1 composite eye examination Per beneficiary = a frame of up to R1 290 and 2 lenses every 24 months OR Contact lenses of up to R2 280 instead of glasses per year
Dentistry Basic	Single member = R2 350 Family = R4 730
Specialised	Single member = R13 670 Family = R20 300
Auxiliary services Sub-limits	At a preferred provider, subject to auxiliary sub-limit and day-to-day limits Single member = R5 100 Family = R15 400

ADDITIONAL BENEFITS (paid from risk benefits)

Chronic medicine Non-CDL chronic medicine limit Co-payment for non-formulary medicine	26 conditions – unlimited – plus 28 conditions, subject to sub-limits: M0 – R6 600 M1 – R13 200 M2 – R14 300 M3 – R16 500 M4 – R18 200 M5+ – R19 300 20%
Free Hello Doctor consults	Telephonic consults via HELLO DOCTOR. Talk or text a doctor on your phone, anytime, anywhere, any official language – for free Refer to page 8 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 = R10 000 R790 R790
Hearing aids Per beneficiary every 3 years Hearing aid maintenance	Unilateral = R11 700 Bilateral = R23 500 R1 060 per beneficiary per annum
External Prosthesis	Per family per annum = R27 800
Patient care programmes (Diabetes, HIV, oncology)	Subject to registration and managed care protocols

IN-HOSPITAL BENEFITS

ANY HOSPITAL

Subject to pre-authorisation and managed care protocols

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.

Public and private hospital

Unlimited

CO-PAYMENT FOR SPECIALIZED 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 R1200 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 = R64 900 limit includes harvesting and transportation costs National donor only
Internal prosthesis	Per family per annum = R45 000
Refractive eye surgery	Per beneficiary per eye = R5 590; maximum of R11 180 for both eyes once per lifetime
Reconstructive surgery	Per family = R64 900
MRI, CT, PET and radio isotope scans	Per family per annum = 2 scans from risk thereafter from the annual day-today limit subject to clinical protocols and pre-authorization
Alternate care instead of hospitalisation	Per family = 30 days to a maximum of R39 500 per event subject to clinical protocols and pre-authorization
Mental health (in- and out-of-hospital)	100% of Scheme rate – Subject to clinical protocols and pre-authorization
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-authorization
Pathology and radiology	Unlimited subject to clinical protocols
Dialysis	Unlimited and subject to use of preferred provider, clinical protocols and pre- authorization
General dentistry	Subject to day-to-day limit and sublimits
Ambulance transport	Emergency road and air transport subject to use of the designated service provider, clinical protocols and pre-authorization