



2026 CUSTOM BENEFITS

Taking care of our own at every stage
of their health journey



Custom Option

Targeted at young and healthy members. The Custom Option provides you and your dependants an opportunity to make health part of your journey.

Brief description of benefits offered on the Custom option:

Medicine Benefit

- Unlimited acute medicines within formulary and dispensing GP or network 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
- Private hospitalisation up to an annual an annual limit
- **AMBULANCE SERVICES:** 24-hour access to road ambulance by calling **0861 009 353**

Out-Of-Hospital Benefits

- GP consults, Optical, Dentistry, Pathology and Radiology benefits
- Free access to telephonic advice via Hello Doctor
- Trauma events not requiring hospitalisation (payable from the available Overall Annual Limit) subject to clinical protocols

Maternity Benefits

- Maternity benefits subject to registration onto the programme
- Antenatal care via the network provider
- Maternity scans
- Monthly pregnancy vitamins within formulary
- Paediatric visits at a network provider

Chronic Benefits

When you register on the Chronic Medicine You are covered for 23 CDL conditions as well as:

- Depression
- Menopause
- HIV/AIDS
- Oncology

Wellness Benefits

Reduce your risk and stay healthy. **The Wellness benefit allows for early detection and proactive management of your health you are covered by the scheme when referred by a network provider for:**

- Baby immunisation – DoH schedule
- Blood glucose test
- Cholesterol test
- Mammogram
- Pap smear
- Colorectal Screening
- HPV Vaccine
- Pneumococcal vaccination high-risk members
- Prostate specific antigen (PSA) testing
- Flu vaccines at a network Pharmacy
- TB Screening

Benefits may be subject to clinical protocols.

MONTHLY CONTRIBUTIONS

SALARY BAND	MEMBER	ADULT	CHILD
R0 – R4 047	R1 402	R1 122	R359
R4 048 – R7 297	R1 475	R1 174	R372
R7 298 – R10 664	R1 615	R1 296	R404
R10 665 – R13 174	R1 846	R1 482	R471
R13 175 – R17 802	R2 571	R2 060	R645
R17 803+	R2 829	R2 265	R708

OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary at the end of this guide

PRIMARY CARE NETWORK

General Practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M R5 000 M+ R10 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 = 5 prescriptions Family = 7 prescriptions
Chronic medicine	23 CDL conditions as set out earlier in the guide and 2 non-CDL. Formulary available on website Subject to use of primary network provider and protocols
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 R668 R668 towards a frame outside the standard range Subject to use of primary care network service provider and protocols
Pathology and Radiology Out-of-hospital	Pathology and radiology — subject to network GP referral and formulary
Dentistry Basic - per beneficiary per annum 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 thereafter be pre-authorised • 4 fillings thereafter must be pre-authorised • Polishing Per adult beneficiary – 1 set of acrylic dentures every 24 months
MRI, CT, PET and radio isotope scans	Sub-limit per beneficiary = R3 850, subject to specialist limit
External prostheses	R12 800 per family Subject to pre-authorisation, 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 R8 950 per family Subject to motivation and pre-authorisation
Glucometers Nebulisers Other appliances – once every 4 years	R1 000 per beneficiary every 2 years R1 000 per family every 3 years Subject to clinical protocols Please note hearing aids are not covered on the Custom option
Free Hello Doctor advice	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, anytime, anywhere, any official language – for free
Out of network GP or emergency visits	Per family = 3 visits to a maximum of R1 150 Approved Trauma events not requiring hospitalisation are payable from the Overall Annual limit. Clinical protocols and policies applicable
Wellness Benefit	Refer to early in the guide for the detailed benefits on free early detection, preventative care, antenatal care and patient care programmes.

THIS OPTION IS EXEMPT FROM PMB'S. Claims on this option are paid at the 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 at www.mhcmf.co.za

IMPORTANT: Treatment performed in-hospital needs to be pre-authorised prior to commencement of treatment. Some conditions 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

Overall Annual Limit (OAL)	Single member R500 000 Family R800 000 All services are subject to pre-authorisation and managed care protocols
State hospital	Unlimited treatment in accordance with Scheme protocols and authorisation
Private hospital	Subject to the overall annual limit and use of a Scheme network hospital and managed care protocols
Network hospitals Custom Hospital Network	A 30% co-payment will be applied for voluntary use of a non-network provider

CO-PAYMENT FOR SPECIALISED PROCEDURES/TREATMENT

Procedure/treatment Gastroscopy, colonoscopy, sigmoidoscopy, functional nasal and sinus procedures, nail surgery, treatment of headaches, 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 will be paid at the Scheme rate subject to pre-authorisation and clinical protocols If performed out of hospital No co-payment applicable. Procedure will be paid at the Scheme rate subject to pre-authorisation and clinical protocols
GPs and specialists	Treatment in accordance with Scheme protocols and use of network providers Admission to private hospital subject to OAL. Claims paid up to the agreed rate with the provider
To-take-out medicine	Up to 7 days
Internal prostheses	Per family per annum = R20 500, where approved during hospital admission subject to the OAL
Alternative care instead of hospitalisation	Per family = 30 days to a maximum of R26 900, subject to OAL
Mental health (in and out of hospital)	Subject to the overall annual limit and up to a sub-limit of R30 000 Subject to clinical protocols and pre-authorisation
Alcohol and drug rehabilitation	100% of the negotiated rate, at a South African National Council on Alcoholism and Drug Dependence (SANCA) approved facility, subject to 21 days and the mental health limit
Oncology	Per family = R90 000, subject to OAL
Pathology	Per beneficiary = R10 000, subject to OAL
Radiology	Per beneficiary = R10 000, subject to OAL
Medical and surgical appliances (in and out of hospital)	Per family = R8 950, subject to OAL
Sub-limits to Appliance Benefit	Glucometer per beneficiary every 2 years — R1 000 nebuliser per family every 3 years — R1 000
Maternity	Confinement: State hospital – You may use a GP or gynaecologist for to assist with the confinement Private hospital – Subject to OAL and use of the hospital network providers
Ambulance	Emergency road transport only Subject to use of a network provider, clinical protocols and pre-authorisation

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