



taking care of our own

2026 OPTION BENEFITS

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



Benefits Overview

Essential Option

This option is for the young, healthy individuals who are first time entrants into medical aid. Essential offers day-to-day benefits via a network of private service providers, hospitalisation at a public facility, as well as stabilisation in a private hospital.

Custom Option

This option is suitable for the young family and is a cost-effective solution to manage healthcare benefits. Custom offers day-to-day for a network of private service providers, hospitalisation in both State and Private facilities.

Hospicare and Hospicare Network Option

This option is suitable for the family who can take care of their day-to-day needs, but want their life-threatening situations covered. Hospicare provides cover for PMB conditions/treatment in and out of hospital. For those who want to pay a little less, Hospicare Network covers PMB treatment at a network of private hospitals; at a lesser contribution than Hospicare where any hospital can be used.

Classic and Classic Network Option

This option is suitable for the family whose needs are changing. These options allow you the flexibility and independence to manage day-to-day expenses through a savings component. Hospitalisation is covered in full. Wanting to pay a little less, Classic Network offers hospitalisation at a network of private hospitals at a discounted contribution. Cover for chronic conditions on the chronic disease list (CDL), as well as for additional non-PMB conditions.

Optimum Option

This option is suitable for the older family who need extensive day-to-day cover paid from an insured benefit and hospitalisation at a hospital of choice. Full cover for chronic medicines at any pharmacy and more additional non-PMB conditions than the Classic options. This option allows you to choose the providers you want to use.

IN HOSPITAL

Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum
Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital plan PMB	Hospital plan PMB	Savings	Savings	Traditional
State hospital	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities	All State facilities
Private hospital Overall annual limit (OAL)	Resuscitation / Stabilisation	M: R500 000 M+: R800 000	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Hospital network	All State facilities	Life Health Care	Life Health Care	Any hospital	Life Health Care	Any hospital	Any hospital
30% co-payment for voluntary use of a non-network provider		Applicable	Applicable		Applicable		
Alternative care limit instead of hospitalisation		30 days per family to a maximum of R26 900; subject to OAL	PMB treatment only	PMB treatment only	30 days per family to a maximum of R44 750	30 days per family to a maximum of R44 750	30 days per family to a maximum of R50 500
Internal prosthesis per family	R11 550	R20 500; subject to OAL	PMB treatment only	PMB treatment only	R47 500	R47 500	R60 000
Medicine to take home (TTO)	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days	Up to 7 days
Mental health (in and out of hospital)	State facilities resuscitation/ stabilisation	R30 000; subject to OAL	PMB treatment only	PMB treatment only	At the Scheme rate; subject to clinical protocols	At the Scheme rate; subject to clinical protocols	At the Scheme rate; subject to clinical protocols
Oncology non-PMB limits per family (Generic reference pricing applies)	In and out of hospital	R90 000; subject to OAL	PMB only at a network provider	PMB only at a network provider	R500 000 20% co-payment applied after limit has been reached	R500 000 20% co-payment applied after limit has been reached	Unlimited
Organ transplants non-PMB limits per family and national donor			PMB treatment only	PMB treatment only	R79 500	R79 500	R79 500
Pathology	As part of approved hospitalisation	R10 000 per beneficiary; subject to OAL	PMB treatment only	PMB treatment only	At the Scheme rate	At the Scheme rate	At the Scheme rate
Radiology	As part of approved hospitalisation	R10 000 per beneficiary; subject to OAL	PMB treatment only	PMB treatment only	At the Scheme rate	At the Scheme rate	At the Scheme rate
Reconstructive surgery limits per family			PMB treatment only	PMB treatment only	R79 400	R79 400	R79 400
Refractive surgery Once per beneficiary per lifetime			PMB treatment only	PMB treatment only	Per eye: R6 850 Both eyes: R13 700	Per eye: R6 850 Both eyes: R13 700	Per eye: R6 850 Both eyes: R13 700
Alcohol and drug rehabilitation at a SANCA approved facility		Subject to mental health sub-limit and OAL	PMB treatment only	PMB treatment only	21 days	21 days	21 days
Scans MRI, CT, PET and radio isotope	As part of approved hospitalisation; subject to State and managed care protocols	Where approved during hospital admission; subject to State and managed care protocols	PMB treatment only	PMB treatment only	R17 400 per scan 2 scans per family from risk; thereafter from ASL	R17 400 per scan 2 scans per family from risk; thereafter from ASL	R17 400 per scan 2 scans per family from risk; thereafter from day-to-day limit
Ambulance services Emergency transport	Road only	Road only	Road and air	Road and air	Road and air	Road and air	Road and air

ADDITIONAL BENEFITS NOT PAID FROM SAVINGS OR DAY TO DAY							
Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum
External prosthesis per family	R7 450; subject to clinical protocols	R12 800; subject to clinical protocols and OAL	PMB treatment only	PMB treatment only	R30 050	R30 050	R35 550
Medical and surgical appliances limit per family	R3 250	R8 950; subject to clinical protocols and OAL			R17 050; subject to clinical protocols	R17 050; subject to clinical protocols	R12 750
Glucometers per beneficiary every 2 years	R960	R1 000	R920 PMB treatment only	R920 PMB treatment only	R1 000	R1 000	R1 000
Nebuliser per family every 3 years	R960	R1 000	R920	R920	R1 000	R1 000	R1 000
Other appliances every 4 years	Subject to motivation and GP referral	Subject to motivation and GP referral	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation	Subject to motivation
Hearing aids			PMB treatment only	PMB treatment only	From medical and surgical limit above	From medical and surgical limit above	Unilateral: R14 350 Bilateral: R28 700 per beneficiary every 3 years
Hearing aid maintenance per beneficiary per annum					R1 300 from medical and surgical limit above	R1 300 from medical and surgical limit above	R1 300
Medicine Subject to formularies							
Pharmacy	Network pharmacy	Network pharmacy	Medipost	Network pharmacy	Medipost	Network pharmacy	Any
Chronic	16 conditions	24 conditions	26 conditions	26 conditions	26 conditions	26 conditions	26 conditions
Non-CDL chronic conditions list	1 condition	2 conditions	PMB treatment only	PMB treatment only	10 conditions M: R6 100 M+1: R12 050 M+2: R15 040 M+3: R16 270 M+4+: R17 690	10 conditions M: R6 100 M+1: R12 050 M+2: R15 040 M+3: R16 270 M+4+: R17 690	28 conditions M: R8 570 M+1: R17 140 M+2: R18 500 M+3: R21 350 M+4+: R22 550
Co-payment for non-formulary medicine			20%	20%	20%	20%	20%
Co-payment for using a non-network pharmacy	No benefit if non-network pharmacy is used	No benefit if non-network pharmacy is used	30%	30%	30%	30%	
Out of area visits							
Out of area or emergency visits per family	3 visits to a maximum of R1 150	3 visits to a maximum of R1 150					
Extra consultations and medicine (When the annual savings limit reaches R300 or less)					M: 2 visits M+: 5 visits	M: 2 visits M+: 5 visits	

ADDITIONAL BENEFITS NOT PAID FROM SAVINGS OR DAY TO DAY								
Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum	
Maternity (Subject to registration on the Programme)	Antenatal care at a primary care network provider	Antenatal care at a primary care network provider	12 antenatal visits	12 antenatal visits	12 antenatal visits	12 antenatal visits	12 antenatal visits	
	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	Pregnancy vitamins	
	Paediatric visit; subject to GP referral and specialist limit	Paediatric visits; subject to GP referral and specialist limit	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	2 paediatric visits per pregnancy	
	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	2 x 2D scans (3D & 4D scans paid at 2D scan rate)	
Preventative/ Wellness benefit	Flu vaccine Baby immunisation Blood glucose test Blood pressure test Clinical breast screening (ultrasound) for high risk members Cholesterol test Pap smear (including liquid based cytology) Pneumococcal vaccination (high risk members) Prostate specific antigen (PSA) screening TB screening HPV vaccine Colorectal screening	Flu vaccine Baby immunisation Blood glucose test Blood pressure test Cholesterol test Mammogram Pap smear (including liquid based cytology) Pneumococcal vaccination (high risk members) Prostate specific antigen (PSA) screening TB screening HPV vaccine Colorectal screening	Flu vaccine Mammogram Prostate specific antigen (PSA) screening		Flu vaccine Baby immunisation Blood glucose test Cholesterol test Mammogram Pap smear (including liquid based cytology) Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa (bone density scan) Tetanus diphtheria injection HPV vaccine Colorectal screening (pathology test) Contraceptive benefit of R1 600 Dental benefits • Full mouth exam • Sterilised instrumentation • Infection control For children below 16 years • Fluoride treatment • Fissure sealants	Flu vaccine Baby immunisation Blood glucose test Cholesterol test Mammogram Pap smear (including liquid based cytology) Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa (bone density scan) Tetanus diphtheria injection HPV vaccine Colorectal screening Contraceptive benefit of R1 600 Dental benefits (all beneficiaries) • Full mouth exam • Sterilised instrumentation • Infection control For children below 16 years • Fluoride treatment • Fissure sealants	Flu vaccine Baby immunisation Blood glucose test Cholesterol test Mammogram Pap smear (including liquid based cytology) Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa (bone density scan) Tetanus diphtheria injection HPV vaccine Colorectal screening Contraceptive benefit of R1 600	Flu vaccine Baby immunisation Blood glucose test Cholesterol test Mammogram Pap smear (including liquid based cytology) Prostate specific antigen (PSA) screening TB screening Glaucoma screening Pneumococcal vaccination Dexa (bone density scan) Tetanus diphtheria injection HPV vaccine Colorectal screening Contraceptive benefit of R1 600
Hello Doctor (Call or text 24 hours a day)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	

DAY TO DAY / SAVINGS							
Benefit Option	Essential	Custom	Hospicare Network	Hospicare	Classic Network	Classic	Optimum
Option Type	PMB Exempt; Capitated	PMB Exempt; Capitated	Hospital plan PMB	Hospital plan PMB	Savings	Savings	Traditional
Annual savings limit (ASL)					M: R8 364 A: R7 092 C: R2 088	M: R9 804 A: R8 328 C: R2 460	
Day-to-day limit	At a primary care network provider	At a primary care network provider	As part of an approved treatment plan	As part of an approved treatment plan			M: R33 950 M+1: R47 350 M+2: R55 050 M+3: R64 600
Auxiliary limits			PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit and sub-limits: M: R6 250 M+: R18 850
Dentistry							
Basic dentistry	At a primary care network provider	At a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit and sub-limits: M: R3 150 M+: R6 300
Specialised dentistry	No benefit	1 set of acrylic dentures per adult dependant every 24 months	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit and sub-limits: M: R16 550 M+: R24 550
General Practitioners							
General practitioners (GP)	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit
Medicine Subject to formularies							
Acute	Unlimited at a primary care network provider	Unlimited at a primary care network provider	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit and sub-limits: M: R14 700 M+1: R15 900 M+2: R18 750 M+3: R20 450 M+4: R21 800
Over-the-counter (OTC) per beneficiary per day	M: 3 prescriptions M+: 5 prescriptions	M: 5 prescriptions M+: 7 prescriptions			R300; subject to ASL	R300; subject to ASL	R300; subject to day-to-day and acute limits
Optometry							
Per beneficiary 1 eye examination 1 pair of glasses every 24 months	Frame: R247	Frame: R247	PMB treatment only	PMB treatment only	Frame: R1 150	Frame: R1 150	Frame: R1 150
Contact lenses instead of glasses	R668	R668			R1 530	R1 530	R2 280
Specialist							
Benefit limit	M: R1 950 M+: R3 900 Subject to network GP referral, pre-authorisation and managed care protocols	M: R5 000 M+: R10 000 Subject to network GP referral, pre-authorisation and managed care protocols	PMB treatment only	PMB treatment only	Subject to ASL	Subject to ASL	Subject to day-to-day limit
Scans							
MRI, CT and radio isotope		Sub-limit per beneficiary R3 850 and specialist limit	PMB treatment only	PMB treatment only	R17 400 per scan 2 scans per family paid from risk, thereafter from ASL	R17 400 per scan 2 scans per family paid from risk, thereafter from ASL	R17 400 per scan 2 scans per family paid from risk, thereafter from day-to-day

Contributions

ESSENTIAL			CUSTOM		
R0 - R3 800	Principal	R508	R0 - R4 047	Principal	R1 402
	Adult	R305		Adult	R1 122
	Child	R204		Child	R359
R3 801 - R8 154	Principal	R541	R4 048 - R7 297	Principal	R1 475
	Adult	R325		Adult	R1 174
	Child	R204		Child	R372
R8 155 - R11 952	Principal	R774	R7 298 - R10 664	Principal	R1 615
	Adult	R469		Adult	R1 296
	Child	R305		Child	R404
R11 953+	Principal	R894	R10 665 - R13 174	Principal	R1 846
	Adult	R541		Adult	R1 482
	Child	R363		Child	R471
R13 175 - R17 802	Principal		R13 175 - R17 802	Principal	R2 571
	Adult			Adult	R2 060
	Child			Child	R645
R17 803+	Principal		R17 803+	Principal	R2 829
	Adult			Adult	R2 265
	Child			Child	R708

		HOSPICARE NETWORK	HOSPICARE	CLASSIC NETWORK	CLASSIC	OPTIMUM
Gross Contributions	Principal	R2 817	R3 263	R4 646	R5 449	R10 076
	Adult	R2 388	R2 760	R3 942	R4 625	R8 577
	Child	R704	R810	R1 162	R1 364	R2 524

PLEASE NOTE: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this overview booklet, the website and the Scheme rules, the Scheme rules will prevail. The Scheme rules are available on request. Benefits are subject to approval from the Council for Medical Schemes (CMS).



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