

Optical Benefit 2026

Overview

The optical benefit provides cover for eye-care and optometry-related healthcare services, which are subject to the limits available on your benefit option.

This document explains the optical benefit and gives details of the benefits available to you.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Medical Scheme Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.
Cover	Cover refers to the benefits you have access to on your benefit option and how we pay for these healthcare services, such as consultations, medicine and hospitals.

Available benefits

The optical benefit includes cover for consultations, lenses, frames and contact lenses.

Consultations and diagnostic procedures

We cover eye tests up to 100% of the Medical Scheme Rate.

The following optometry consultations and visits are covered:

- General consultations
- Binocular vision consultations
- Low vision consultations

Cover for frames, prescription lenses and add-ons

We cover frames, prescription lenses and add-ons up to 100% of the Medical Scheme Rate. The following prescription lenses and add-ons are covered:

- Clear single vision
- Clear aquity
- Flat-top bifocal
- Clear aquity multifocal
- Contact lenses

Optical benefit limits

	Optical limit	Frames sub-limit
Option A	R5 070 per beneficiary every two years	R1 600 per beneficiary every two years
Option B	R3 760 per beneficiary every two years	R1 200 per beneficiary every two years
Option B Classic	R3 930 per beneficiary every two years	R1 250 per beneficiary every two years
Option C	R1 480 per beneficiary every two years	R500 per beneficiary every two years

There is no benefit for the tinting and hardening of spectacle lenses and contact lenses. These can be funded from the available Personal Medical Savings on Option B and Option B Classic.

Complaints process

You may lodge a complaint or query with MEDIPOS Medical Scheme directly at **0860 100 078** or send an email to enquiries@medipos.co.za.

If your query or complaint is not resolved to your satisfaction, address a complaint in writing to the Principal Officer at the Scheme's registered address. Please include the reference number obtained through your direct contact with the Scheme.

Should your complaint remain unresolved, you may lodge a formal dispute by following the MEDIPOS Medical Scheme internal disputes process, which is explained on the website at www.medipos.co.za.

Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via email at complaints@medicalschemes.co.za. Contact centre: 0861 123 267 / website www.medicalschemes.co.za.

Contact us

You can call us on **0860 100 078** or visit www.medipos.co.za for more information.