Preventative Care Benefit 2026

Overview

Preventative screening is important, as early detection improves long-term clinical outcomes. Make sure you detect medical conditions early so that you can get the best care. The Preventative Care Benefit covers screening tests, a seasonal flu vaccination and a pneumococcal vaccine. Clinical entry criteria may apply and some of these tests and treatments have set frequency limits.

The screening tests and vaccinations must be referred and done by an appropriately registered healthcare provider, and network provider where applicable.

About some of the terms we use in this document

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

TERMINOLOGY	DESCRIPTION
ICD-10 code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions • The treatment needed must match the treatments in the defined benefits • You must use Designated Service Providers (DSPs) in our network. This does not apply in emergencies. However, even in these cases where appropriate and according to the rules of the Scheme, once your condition has stabilised you may be transferred to a hospital or other service providers in our network. If you do not use a DSP there may be a co-payment. If your treatment doesn't meet the above criteria, we will pay according to your benefit option.
Medical Scheme Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.

Tests covered by the Preventative Care Benefit

We pay certain screening tests from the Preventative Care Benefit. Consultations and related costs are paid from your available benefits, where applicable, unless they relate to a (PMB) diagnosis.

Once you have reached the frequency limit for the tests set out below, any additional screening and preventative tests and treatments will be paid from your available benefits, where applicable.

We will pay for these healthcare services as long as you use appropriately registered providers (with a valid Board of Healthcare Funders registration number), and provided that this healthcare service or product has a valid tariff or NAPPI code, ICD-10 diagnosis code and price.

Members are encouraged to make use of the Pharmacy Network where applicable, to minimise possible co-payments. Once the preventative limits have been reached, tests will be paid from the applicable benefit limit.

BENEFIT	COVER
Vitality Health Check	Limited to one per beneficiary per annum. The Vitality Health Check includes tests for: • Blood pressure • Body Mass Index • Blood glucose • Blood cholesterol
Oral contraceptives	Limited to R170 per female beneficiary per month.
Vitamins	Limited to R340 per beneficiary per year.
Flu vaccination	Limited to one vaccination per beneficiary per annum.
Prostate testing	Limited to one test per male beneficiary aged 45 years and older, per annum.
Mammograms	Limited to one per female beneficiary aged 40 years and older, per annum.
Bone density screening	Limited to one per beneficiary aged 65 years and older per annum.
Stool tests for cancer screening	Limited to one per beneficiary between the ages of 45 and 75 years old, every two years.
HPV vaccinations	Limited to one course per female beneficiary between the ages of 9 and 25 years old.
Vasectomy	Limited to one per male beneficiary per lifetime.
HIV screening tests	Limited to one screening test per beneficiary per annum.
Pap Smear	Limited to one test per female beneficiary over the age of 15 years old per annum.
Pneumococcal vaccines	Limited to one vaccine course per beneficiary per lifetime for members 60 years and older

Contact us

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