



MEDIPOS
MEDICAL SCHEME

Putting Your Wellbeing First



SUMMARY OF BENEFITS

2026

SUMMARY OF BENEFITS: BENEFIT YEAR 2026

The following table reflects a summary of the Scheme's day-to-day and major medical and trauma benefits, effective 1 January 2026. Please refer to the benefit guide for comprehensive details.

DAY-TO-DAY BENEFITS				
Members and their dependants are entitled to the following benefits, subject to the prescribed minimum benefit (PMB) legislation				
	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
1. Overall annual day-to-day limit				
All sub-limits (sub-limits 1.1 to 1.4) are subject to the overall annual day-to-day limit	R3 240 per member R3 240 per adult dependant R840 per child dependant	R5 580 per member R5 580 per adult dependant R1 080 per child dependant		R9 500 per member R9 500 per adult dependant R1 830 per child dependant
1.1 General practitioners (GPs) Visits, consultations and out-patient visits Network GPs Non-network GPs	Members are encouraged to make use of the GP network to minimise possible co-payments 100% of negotiated rate 80% of cost or MSR, whichever is less			
1.2 Specialists Visits, consultations and out-patient visits Network specialist Non-network specialist	Benefits are only covered if a member was referred by a GP or specialist for specialist consultations. Paid at 100% of cost or 110% MSR, whichever is less Paid 100% of cost or MSR, whichever is less			
1.3 Acute medicine Prescribed acute medicine. This benefit is further subjected to the overall day-to-day limit Pharmacist-advised therapy Members are encouraged to make use of the Scheme's pharmacy network to minimise possible co-payments	100% of medicine price and limited to: Member: R1 940 Adult dependant: R1 940 Child dependant: R520 100% of medicine price and limited to R990 per family subject to overall day-to-day limit	100% of medicine price and limited to: Member: R2 800 Adult dependant: R2 800 Child dependant: R550 100% of medicine price and limited to R1 280 per family subject to overall day-to-day limit		100% of medicine price and limited to: Member: R4 750 Adult dependant: R4 750 Child dependant: R920 100% of medicine price and limited to R1 920 per family subject to overall day-to-day limit
2. Optical benefits				
2.1 Overall optical benefits every two years Includes frames, all prescription lenses/add-ons and eye tests	Subject to R1 480 per beneficiary every two years, including a frame sub-limit of R500 per beneficiary	Subject to R3 760 per beneficiary every two years, including a frame sub-limit of R1 200 per beneficiary		Subject to R5 070 per beneficiary every two years, including a frame sub-limit of R1 600 per beneficiary

DAY-TO-DAY BENEFITS (CONTINUED)

Members and their dependants are entitled to the following benefits, subject to the prescribed minimum benefit (PMB) legislation

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
3. Primary care benefits (PCB)				
3.1 Radiology (out of hospital)	R1 070 per family Subject to major medical expense benefit	R1 800 per family Subject to major medical expense benefit		R2 270 per family Subject to major medical expense benefit
3.2 Pathology (out of hospital)	R980 per beneficiary Subject to major medical expense benefit	Subject to the overall day-to-day limit		Subject to the overall day-to-day limit
4. Dentistry benefits				
4.1 Basic dentistry	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R3 800 per family	100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R8 990 per family		100% of cost or MSR, whichever is less, according to Scheme's managed care protocols and benefits; Subject to a maximum limit of R10 930 per family
4.2 Advanced dentistry and dental implants	Advanced dentistry subject to the overall annual day-to-day limit; No benefit for dental implants	Subject to the following limit: R13 490 per family		Subject to the following limit: R20 370 per family



MAJOR MEDICAL EXPENSES (MME) BENEFITS

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Annual Limit	Unlimited			
1. Prescribed minimum benefits (PMBs)	Subject to review and approval			
2. Preventative care benefits Out-of-hospital accessed through a pharmacy only; Members are encouraged to use pharmacies that are part of the Scheme's pharmacy network to minimise possible co-payments; If these services are accessed through any other provider than a pharmacy, benefits will be paid from the applicable benefit limit; Once the preventative limits have been reached, tests will be paid from the applicable benefit limit. <ul style="list-style-type: none"> ▪ Blood glucose screening ▪ Blood pressure ▪ Cholesterol screening ▪ Body mass index ▪ Flu vaccine ▪ Oral contraceptives ▪ Prostate testing ▪ Mammograms ▪ Pap smear ▪ Stool tests for cancer screening ▪ Bone density screening ▪ HPV vaccination ▪ Vasectomy ▪ Vitamins 	100% of cost or MSR, whichever is less. Subject to unlimited benefit (risk benefit). One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One test per adult beneficiary per year One per beneficiary per year R170 per female beneficiary per month 1 test per male beneficiary per annum (over the age of 45) 1 test per beneficiary per annum (over the age of 40) 1 test per beneficiary per annum (over the age of 15) 1 test every 2 years (between the ages of 45 and 75) 1 per beneficiary per annum (over the age of 65) 1 course per female beneficiary per lifetime (between the ages of 9 and 26) 1 per male beneficiary per lifetime R340 per beneficiary per year			
3. All hospital-related expenses Subject to pre-authorisation and a R2 640 co-payment for failing to obtain pre-authorisation or late pre-authorisation	PMBs and non-PMBs: 100% of cost at negotiated rate in hospital			
4. Procedures in doctors' rooms (subject to the list of procedures and prior approval)	100% of cost or MSR, whichever is less			
5. Psychiatric institutions (subject to pre-authorisation and PMB legislation)	PMBs only	R21 780 per family		R47 410 per family
6. Substance and alcohol abuse (subject to pre-authorisation and PMB legislation)	Unlimited			
7. Rehabilitation centres (subject to pre-authorisation and approval)	Unlimited			
8. Radiology and pathology (in hospital)	Unlimited			
9. Advanced radiology (in and out of hospital) MRI, CT, radioisotope and ultrasound scans	R13 550 per family	R27 110 per family		R38 520 per family
10. Circumcision (out of hospital)	Global fee of R2 080 per beneficiary per lifetime			
11. Oncology (cancer treatment – subject to registration onto the programme)	PMBs only	R299 700 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP		R499 500 per beneficiary; 100% of cost at designated service provider (DSP) or 75% at non-DSP

MAJOR MEDICAL EXPENSES (MME) BENEFITS

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Annual Limit	Unlimited			
12. Maxillofacial and oral surgery (subject to pre-authorisation and approval by the Scheme)	Subject to maximum limit of R19 120 per family			
13. Internal prostheses/devices (subject to application and approval)	R30 410 per family	R75 510 per family		R88 620 per family
13.1 Cardiac stents (limited to three stents per beneficiary)		R28 980 per beneficiary with the following sub-limits:		R30 410 per beneficiary with the following sub-limits:
▪ Drug eluting		R17 710		R22 550
▪ Bare metal		R9 560		R12 720
13.2 Aorta stent grafts		R55 800		R65 790
13.3 Peripheral arterial stent grafts		R42 970		R50 090
13.4 Cardiac pacemakers		R72 500		R88 610
13.5 Cardiac valves (limited to two valves per beneficiary)		R41 080 per valve		R46 250 per valve
13.6 Total hip replacement		R54 240		R73 920
13.7 Total knee replacement		R54 650		R67 800
13.8 Total shoulder replacement		R52 360		R63 510
13.9 Elbow replacement		R44 960		R63 510
13.10 Temporomandibular joint (TMJ) replacement		R44 960		R63 510
13.11 Ankle replacement		R44 960		R63 510
13.12 Finger replacement		R28 820		R41 810
13.13 Toe (total or partial) replacement		R28 820		R41 810
13.14 Bryan's and other intervertebral disc prostheses		R35 400		R51 520
13.15 Mesh grafts		R6 440		R36 970
13.16 Intra-stromal corneal ring segments		R24 100		R35 400
13.17 Spinal instrumentation		R34 530		R61 250
13.18 Other approved implantable spinal and intervertebral discs		R51 520		R60 650
13.19 Bone-lengthening devices		R46 370		R54 510
13.20 Neuro-stimulation/ablation devices for Parkinson's		R49 800		R58 660
13.21 Vagal stimulator for intractable epilepsy		R39 680		R46 660
13.22 Detachable platinum coils		R51 660		R60 650
13.23 Embolic protection devices		R51 520		R60 650
13.24 Intraocular lens (per lens)		R4 430		R5 560
13.25 Carotid stents		R20 700		R24 400
13.26 Any other internal prostheses		R57 080		R63 930

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Annual Limit	Unlimited			
13.27 General prostheses/devices benefit	PMB only	R12 720 per beneficiary	R 24 100 per beneficiary	
▪ Middle ear bone implants		R12 720	R24 100	
▪ Vocal cord prostheses		R12 720	R24 100	
▪ Macroplasty injection – Urethra		R12 720	R24 100	
▪ Penile prostheses		R12 720	R24 100	
▪ Vascular/arterial grafts and patches		R12 720	R24 100	
▪ Atrial- and ventricular septum patches		R12 720	R24 100	
▪ Mammary/breast implants		R4 570	R9 140	
▪ TVT sling device		R2 140	R4 430	
▪ Procter-Livingstone and Celestin tubes		R4 710	R8 990	
▪ Renal artery stent		R6 440	R16 120	
▪ Oesophageal stent		R8 000	R16 120	
▪ Ureteric stent		R8 000	R16 120	
▪ Urethral stent		R8 000	R16 120	
▪ Ductus choledochus stent		R8 000	R16 120	
▪ Other blood vessel stents		R8 000	R16 120	
▪ Permanent supra-pubic catheters		R3 060	R6 440	
▪ Testis prostheses		R8 000	R16 120	
▪ Gold weight implants - upper eyelid	R9 560	R16 120		
▪ Anal and other sphincter stimulation devices	R8 000	R16 120		
14. External medical appliances (preauthorisation is not required)	R8 000 per family with a sub-limit of R2 560 per family, limited to PMBs for orthotic shoes/ innersoles	R8 430 per family with a sub-limit of R2 560 per family, limited to PMBs for orthotic shoes/ innersoles	R10 280 per family with a sub-limit of R2 560 per family, limited to PMBs for orthotic shoes/ innersoles	
15. Hearing aids (per two-year cycle and subject to approval) Excludes repairs and batteries	Limited to R15 110 per beneficiary per cycle	Limited to R20 410 per beneficiary per cycle	Limited to R24 370 per beneficiary per cycle	
16. Cochlear implants (subject to approval)	PMBs only	R256 100 per family with the following sub-limits:	R320 200 per family with the following sub-limits:	
▪ Preoperative evaluation and associated costs		R15 980		
▪ Intra-operative audiology testing		R970		
▪ Post-operative rehabilitation		R35 400		
▪ Upgrade of sound processor		(80% of cost) R72 500		
▪ Repair outside of warranty		Subject to cochlear implant benefit		
▪ Batteries and spares	Subject to external medical appliances benefit			
17. Artificial limbs and eyes (subject to pre-authorisation and approval)	R32 820 per family with the following sub-limits:	R63 500 per family with the following sub-limits:	R81 630 per family with the following sub-limits:	
▪ Artificial limbs	R32 820 per artificial leg or arm per family	R63 500 per artificial leg or arm per family	R81 630 per artificial leg or arm per family	

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Annual Limit	Unlimited			
<ul style="list-style-type: none"> Artificial eyes 	R22 700 per artificial eye per family	R27 110 per artificial eye per family		R27 110 per artificial eye per family
18. Radial keratotomy and excimer laser (subject to pre-authorisation)	No benefits	R7 720 per family		R12 550 per family
19. Home oxygen (subject to pre-authorisation)	R17 980 per beneficiary	R17 980 per beneficiary		R19 540 per beneficiary
20. Hyperbaric oxygen (subject to pre-authorisation)	R60 080 per beneficiary			
21. Kidney dialysis (subject to pre-authorisation)	PMBs only	20% co-payment applicable for non-DSP use		20% co-payment applicable for non-DSP use
22. Organ transplant medication (subject to pre-authorisation)	PMBs only	R381 900 per family		R454 500 per family
23. Hospice and private nursing (subject to pre-authorisation)	R10 270 per family	R28 120 per family		R40 250 per family
24. Care in lieu of hospitalisation (subject to pre-authorisation and approval)	Unlimited			
25. HIV/AIDS (registration onto the <i>HIVCare</i> Programme is encouraged)	Unlimited			
26. Ambulance services	Unlimited			

PALLIATIVE CARE PROGRAMME

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Advanced Illness Benefit	No Benefit	Paid at 100% of cost or MSR, whichever is less. Payable from major medical expense benefit subject to the overall annual limit		

MANAGED CARE PROGRAMMES

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
1. DiabetesCare Programme 2. CardioCare Programme 3. Disease Prevention Programme	Paid at 100% of cost or MSR, whichever is less. Payable from major medical expense benefit subject to the overall annual limit			
4. Mental Health Care Programme	Psychotherapy sessions in the Mental Health Care Programme are paid up to a total cover amount of R3,611.20 per person per year			

CHRONIC MEDICINE BENEFITS SUBJECT TO MME BENEFITS

Members and their dependants are entitled to the following benefits, subject to prescribed minimum benefit (PMB) legislation; Members are encouraged to use the pharmacies that are part of the Scheme's pharmacy network to minimise co-payments.

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
1. Chronic medicine (subject to approval)	PMBs only	Limited to R9 140 per family per annum for PMB and specified non-PMB chronic conditions, thereafter unlimited benefit for PMB chronic conditions only		Limited to R13 550 per family per annum for PMB and specified non-PMB chronic conditions, thereafter unlimited benefit for PMB chronic conditions only
2. PMB chronic medicine (subject to approval)				

OPTION B & OPTION B CLASSIC

Personal Medical Savings Account (PMSA)

Your PMSA benefit is available upfront and to be utilised in respect of the following medical services and supplies.

Co-payments	Non-network GP, non-DSP hospital, late authorisations, co-payments and medicine reference price	Advanced Savings
Benefit exceeded	Any benefits where your limits have been exceeded	
Shortfalls	Tariffs above the Medical Scheme Rate	
Rejections	Specialist consultation not referred by a GP Benefits and authorisations that have been declined Non-oral contraceptives (patches, injectables, devices)	Positive Savings Balance
	Waiting periods and certain exclusions including optical tints and hardening	

MATERNITY BENEFITS

	OPTION C	OPTION B CLASSIC	OPTION B	OPTION A
Annual Limit	Unlimited			
1. Ultrasound scans (for pregnancy)	Two 2D scans per pregnancy	Two 2D scans per pregnancy		Two 2D scans per pregnancy
2. Antenatal consultation	Limited to 8 per pregnancy	Limited to 9 per pregnancy		Limited to 9 per pregnancy
3. Antenatal classes	Limited to 5 classes per pregnancy	Limited to 5 classes per pregnancy		Limited to 5 classes per pregnancy
4. ADDITIONAL MATERNITY BENEFITS	Benefits are limited per pregnancy per beneficiary			
▪ Blood grouping test	1 test	1 test		1 test
▪ Flu vaccination	1 vaccine	1 vaccine		1 vaccine
▪ Haemoglobin measurement test	2 tests	2 tests		2 tests
▪ Hearing screening for newborn	1 test	1 test		1 test
▪ Mental health visit with psychologist	2 visits	2 visits		2 visits
▪ Nutritional assessment with dietician	1 test	1 test		1 test
▪ Postnatal mid-wife visits	6 visits	6 visits		6 visits
▪ VDRL test	1 test	1 test		1 test
▪ Breastfeeding visit with nurse or specialist	1 test	1 test		1 test
▪ Congenital hypothyroidism screening	1 test	1 test		1 test
▪ Full blood count	1 test	1 test		1 test
▪ Urine analysis test	No benefit	12 tests		12 tests
▪ Vitamins	Limited to R130	Limited to R130		Limited to R130

Your total monthly contribution to the Scheme is based on the option you have chosen, the number and type of dependants registered on your membership, and your income.

CONTRIBUTIONS FROM 1 JANUARY 2025

OPTION C		Contribution		
Monthly income	Principal Member	Adult Dependand	Child Dependand	
R0 – R8 185	R1 707	R1 470	R453	
R8 186 – R11 140	R1 878	R1 653	R561	
R11 141 – R14 985	R2 055	R1 812	R615	
R14 986+	R2 121	R1 854	R630	

OPTION B Classic		Contribution			PMSA (included in contribution)		
Income	Member	Adult Dependand	Child Dependand	Member	Adult Dependand	Child Dependand	
R0 – R8 185	R2 867	R2 633	R905	R129	R118	R41	
R8 186 – R11 140	R3 037	R2 809	R961	R137	R126	R43	
R11 141 – R14 985	R3 226	R3 009	R1 030	R145	R135	R46	
R14 986+	R 3 333	R3 116	R1 161	R150	R141	R48	

OPTION B		Contribution			PMSA (included in contribution)		
Income	Member	Adult Dependand	Child Dependand	Member	Adult Dependand	Child Dependand	
R0 – R8 185	R3 363	R3 159	R996	R151	R142	R45	
R8 186 – R11 140	R3 510	R3 312	R1 044	R158	R149	R47	
R11 141 – R14 985	R3 675	R3 486	R1 104	R165	R157	R50	
R14 986+	R 3 768	R3 579	R1 131	R170	R161	R51	

OPTION A		Contribution		
Monthly income	Principal Member	Adult Dependand	Child Dependand	
All income levels	R8 787	R8 430	R2 052	

Please note

- Adult dependants include spouses/partners, registered children aged 23 and older (except children who are approved by the Scheme and who are full-time students registered at a recognised tertiary institution), parents and siblings dependent on the member
- Your portion of the contribution will depend on your subsidy
- If you are unsure of your subsidy, please check with your Human Resources Department

MEDIPOS CONTACT DETAILS

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