

KYC

SAMPLE QUOTE

MEDICAL AID QUOTATION · 2026

Sample Client

MONTHLY PREMIUM RANGE

R5,385 – R7,220

4 plans compared

QUOTE DATE

29 Sept 2026

Main member · Sample Client · age 39

Spouse

Child

BENEFIT

GENESIS · 2026
MED-200

MOMENTUM · 2026
CUSTOM
Associated Hospital / State Chronic

BESTMED · 2026
BEAT 1

DISCOVERY · 2026
ESSENTIAL CORE

★ MONTHLY CONTRIBUTION

Sample Client Main member · age 39	R2,355	R2,585	R2,523	R3,356
Spouse Spouse	R2,355	R1,956	R1,959	R2,517
Child Child	R675	R916	R1,061	R1,347
Total monthly premium	R5,385	R5,457	R5,543	R7,220
Annual cost	R64,620	R65,484	R66,516	R86,640

★ HOSPITAL COVER

Hospital network	Any private	Associated	Any hospital	Any private hospital
Overall hospital cover	Unlimited at any private hospital (subject to approval)	Unlimited (no overall annual limit; R2,000 per admission)	Unlimited at any private hospital	Unlimited
Specialist cover rate (in hospital)	200% of Scheme Tariff	Associated specialists in full; others 100% of MMS Rate	100% of Scheme tariff	100% of DHR
Mental health admission	PMB only at DSP (full cover) or 200% Scheme Tariff at non-DSP; out-of-hosp R1,350/contact, R54,000/yr cap	R47,300 per beneficiary/yr (incl. psy-chiatry, psychology, drug & alcohol rehab combined)	21 days/beneficiary/yr in hospital or 15 outpatient psychotherapy sessions	21 days/yr at network (15 OOH major affective / anorexia / bulimia; 12 OOH acute stress; 3 days attempted suicide)
Organ transplants	Immuno-suppressant medication up to R84,000/beneficiary p.a.	No annual limit at private hospital	100% Scheme tariff (PMBs only)	Unlimited at network (Hospital Benefit)

BENEFIT	GENESIS · 2026 MED-200	MOMENTUM · 2026 CUSTOM Associated Hospital / State Chronic	BESTMED · 2026 BEAT 1	DISCOVERY · 2026 ESSENTIAL CORE
Internally implanted prosthesis	Internal prosthesis 100% of cost up to R35,000/beneficiary p.a.	Internal: Intraocular R7,200/event; Other R62,000/event (max 2 events/yr)	Internal prosthesis R99,764/family/yr (joint replacements PMB only)	Covered (joints, cochlear, nerve stimulators)
Joint replacements	✓ Up to R35,000/beneficiary p.a. (Internal prosthesis 100%)	✓ Up to R62,000/event (Internal prosthesis cap, max 2 events/yr)	✓ PMBs only — prosthesis sub-limits: hip/major joints R41,918; knee/shoulder R51,686; other minor joints R16,078	✓ Covered
In-hospital dentistry	✓ Covered	✓ Covered	✓ PMBs only at DSP day hospitals	✓ Covered
International travel cover	Not covered (RSA only)	R7,660,000/journey (90 days, emergencies only)	Holiday: 90 days R5m/family. Business: 60 days R5m/family. R1m USA cap.	R5,000,000/journey (90 days, emergencies only)
★ CHRONIC ILLNESS COVER				
Chronic conditions covered	26 CDL conditions	26 CDL conditions	27 CDL chronic conditions (+ 17 additional PMB conditions covered from Scheme risk; no non-CDL cover)	27 CDL conditions
Chronic dialysis	R300,000/beneficiary p.a. at Scheme Tariff	No annual limit (State facilities for State-chronic members)	PMB level of care at DSPs (40% co-pay non-DSP)	Unlimited at network (80% DHR elsewhere)
Care / Disease Management Programme	Standard chronic cover only	Standard chronic cover only	Standard chronic cover only	Care Programmes for registered chronic conditions: 100% DHR for approved basket-of-care when registered on the relevant programme; 80% DHR if unregistered. 27 PMB CDL conditions covered on all plans.
★ MATERNITY BENEFITS				
Maternity benefit	In-hospital; out-of-hospital ultrasound via plain radiography benefit (50%, R5,800/beneficiary p.a.) · In-hospital obstetric care; out-of-hospital antenatal ultrasound paid from plain radiography benefit (50% of lower of cost or Scheme Tariff, R5,800/beneficiary p.a.)	12 antenatal visits (with gynae or GP) · 2 scans + classes + initial lactation + nurse home visit (day after + 2 weeks) + 2 paediatric visits (baby's first year)	6 antenatal consultations at GP/gynaecologist/midwife · 6 antenatal + 2 ultrasound scans (1st + 2nd trimester)	8 antenatal consultations · 8 visits + 2 scans + NIPT + blood tests + 5 antenatal classes + breastfeeding + dietitian + 2 baby visits (to age 2) + 2 mental-health consults + 1 breastfeeding-specialist consult. Perinatal Bereavement counselling for pregnancy loss.
★ ONCOLOGY + SCANS				
Annual cancer cover	R275,000/yr	R300,000/yr, then 20% co-pay	100% Scheme tariff at ICON DSP. Essential ICON protocols apply. Subject to pre-authorisation.	R250,000/yr, then 20% co-pay

BENEFIT	GENESIS · 2026 MED-200	MOMENTUM · 2026 CUSTOM Associated Hospital / State Chronic	BESTMED · 2026 BEAT 1	DISCOVERY · 2026 ESSENTIAL CORE
MRI/CT scans (outside admission)	50% of lower of cost or Scheme Tariff, up to R8,400/beneficiary p.a.	No annual limit, subject to R3,850 co-payment per scan + pre-auth	R20,920/family/yr combined in- and out-of-hospital (no scan co-payment; PET PMB only)	NOT covered (member pays in full; no back/neck scans either)
Back/neck MRI/CT (in hospital)	✓ Covered	✓ Covered	Covered — subject to authorisation (within combined imaging limit)	PMB cover applies
MRI/CT (hospital admission)	—	✓ Covered — same benefit (no annual limit, R3,850 co-pay per scan + pre-auth)	—	Cover up to scheme rate if part of approved hospital admission
★ EMERGENCY SERVICES				
Ambulance services	ER24	Netcare 911	Netcare 911	Discovery 911
Casualty visits (non-admission)	✗ Not covered unless admitted (PMB emergencies only)	Subject to HealthSaver+ (if applicable)	✗ Not covered unless admitted (PMB emergencies only)	✗ Not covered unless admitted (PMB emergencies only)
★ DAY-TO-DAY COVER				
Medical Savings Account (annual, family)	No benefit	No benefit	No benefit	No benefit
Personal Health Fund (supplements day-to-day)	Not applicable — no Personal Health Fund	Not applicable — no Personal Health Fund	Not applicable — no Personal Health Fund	Up to R8,000/yr — R4,000 via Pathways actions + R4,000 via Health Challenges (adult R1,000, child R500 per action set)
Self-Payment Gap (main / adult / child)	Not applicable	Not applicable	Not applicable	Not applicable
Above Threshold Benefit (main / adult / child)	Not applicable	Not applicable	Not applicable	Not applicable
GP visits	Not covered	Subject to HealthSaver+ (if applicable)	Not covered (hospital plan)	Not covered (hospital plan)
Specialist visits	Not covered	Subject to HealthSaver+ (if applicable)	Not covered (hospital plan)	Not covered (no day-to-day specialist)
Basic dentistry	Risk benefit (lower of cost or Scheme Tariff): 3 check-ups, 6 fillings, extractions, 2 root canals, 2 scale & polish, crowns/dentures R5,750, 1 implant R10,000/3yr	Subject to HealthSaver+ (if applicable)	Not covered (hospital plan)	Not covered
Optometry (eye test, frames, lenses)	Not covered	Subject to HealthSaver+ (if applicable)	Not covered (hospital plan)	Not covered

BENEFIT	GENESIS · 2026 MED-200	MOMENTUM · 2026 CUSTOM Associated Hospital / State Chronic	BESTMED · 2026 BEAT 1	DISCOVERY · 2026 ESSENTIAL CORE
Acute medicine	Not covered	Subject to HealthSaver+ (if applicable)	Not covered (hospital plan)	Not covered
Preventative care (screenings, immunisations)	Mammogram, PAP smear, PSA test, basic dentistry	Preventative screenings + child immunisations (Health Platform Benefit)	Flu/pneumonia vaccines, contraceptives R2,092/yr, IUD R3,295/5yr, mammogram (40+), HPV, Pap smear, colon FOBT (40+/24m), PSA (45+/24m), HIV rapid test	Health Check screening + child immunisations (at network)
Day-to-day extra cover	Plain radiography, MRI / CT scans, colonoscopy / gastroscopy out-of-hospital	Not available	Not available	Not available



EXCLUSIONS, LIMITS & CO-PAYMENTS

Items each plan does **NOT** cover + out-of-pocket amounts. Not exhaustive — full Scheme Rules prevail.

WHAT IS NOT COVERED (PLAN EXCLUSIONS)

MED-200

- No day-to-day GP / specialist / medicine cover
- No cover for cosmetic surgery (except via SMF on MED-200 Plus)
- No cover for impotence treatment
- No advanced dentistry / orthodontics
- No refractive surgery
- No international travel cover

CUSTOM · Associated Hospital / State Chronic

- No cover for day-to-day expenses (HealthSaver+ optional)
- No cover for refractive surgery (PMB only)
- No cover for cosmetic surgery
- Chronic medication at State facilities only

BEAT 1

- No cover for day-to-day expenses (Hospital plan)
- Joint replacement surgery: PMBs only (prosthesis sub-limits apply)
- No cover for cochlear implants / bone-anchored hearing aids (PMB only)
- No cover for non-CDL chronic conditions (27 CDL + 17 PMB only)
- In-hospital dentistry: PMBs only at DSP day hospitals
- No cover for refractive surgery (PMB only)

ESSENTIAL CORE

- No cover for day-to-day expenses (Hospital plan only)
- No cover for advanced dentistry (crowns, bridges, implants)
- No cover for refractive surgery (PMB only)
- No cover for cosmetic surgery

CO-PAYMENTS & UPFRONT AMOUNTS (YOU WILL PAY THESE)

MED-200

- Back / neck MRI/CT (conservative): 50% of Scheme Tariff up to R8,400/beneficiary p.a.
- Out-of-hospital MRI/CT: 50% of cost up to R8,400/beneficiary p.a.
- Out-of-hospital plain radiography: 50% of cost up to R5,800/beneficiary p.a.
- Wisdom teeth removal: limited to R15,000 per case (all inclusive)
- Pain relief epidural: 25% member co-payment, R7,500/yr cap

CUSTOM · Associated Hospital / State Chronic

- R2,000 co-payment per hospital authorisation (except MVA, maternity, emergencies)
- Specialised procedures: additional R2,000 (day hosp) or R5,500 (acute hosp)
- MRI/CT scan: R3,850 co-payment per scan
- Impacted wisdom teeth: R3,600 day hosp / R6,800 acute hosp upfront
- International emergency outpatient: R2,280 co-pay per claim
- Out-of-network hospital admission: additional 30% co-payment
- Chronic medication: must use State facilities only or co-pay applies

BEAT 1

- Day procedure in acute hospital (not day hospital): R2,872 co-payment
- Non-formulary CDL/PMB chronic medicine: 30% co-payment
- Hospital authorisation not obtained: claims may not be paid

ESSENTIAL CORE

- MRI/CT out-of-hospital: NOT covered
- Out-of-network day surgery: R7,250 upfront
- Day-to-day consults: NOT covered (unless via PHF)

Waiting periods

The Medical Schemes Act allows schemes to apply waiting periods when you join. During a waiting period you pay your full monthly contribution but the scheme may decline certain claims. Whether a waiting period applies depends on your prior medical scheme history — the scheme assesses each application individually.

3-month general waiting period: For the first 3 months you can only claim for Prescribed Minimum Benefits (PMBs — a list of 270+ conditions and 26 chronic illnesses that all schemes must cover by law). Everything else is for your own pocket. This usually applies if you're joining a scheme for the first time.

3-month general waiting period (PMBs excluded): The strictest waiting period — for the first 3 months no claims are paid at all, including PMBs. The scheme may direct you to a State facility for any urgent care. This usually only applies if you've had a break in cover longer than 90 days, or you've been on a scheme less than 24 months and switched without a 3-month break.

12-month condition-specific waiting period: If you had a medical condition before joining (e.g. diabetes, hypertension, cancer, asthma), the scheme can decline claims relating to that specific condition for up to 12 months. All other benefits remain available from day one. PMB-level care for the excluded condition may still be available at State facilities.

Late Joiner Penalties (LJPs)

A Late Joiner Penalty is a permanent percentage added to your monthly contribution if you join a scheme later in life. It applies if you're 35 or older when you join AND you can't prove continuous medical scheme membership (without a break of more than 3 months) from age 21 onward. It's set by law (Medical Schemes Act, in force since 1 April 2001), not the scheme itself.

How it's calculated: The scheme counts your "uncovered years" — every year after age 35 you weren't on a registered SA medical scheme. Dependant cover under age 21 doesn't count. Overseas cover and hospital cash-back plans don't count. The more uncovered years, the higher the band.

Maximum penalty bands:

- 1 – 4 uncovered years: **up to +5%**
- 5 – 14 uncovered years: **up to +25%**
- 15 – 24 uncovered years: **up to +50%**
- 25+ uncovered years: **up to +75%**

Once applied, the LJP stays with you for life — even if you switch to another open scheme. Restricted schemes (employer-based) usually don't impose LJPs.



Advice provided by

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This summary is for information purposes only and does not supersede the Rules of the Scheme. In the event of any discrepancy between this summary and the Rules of the Scheme, the Rules of the Scheme prevail. Premiums, benefits and limits are based on insurer published data and must be verified against the official scheme brochure or quotation before any decision is made. All advice is provided by the advisor named herein as an authorised representative of their licensed FSP, who remains responsible for its suitability. Personal Health Fund accumulation is conditional on completing Personal Health Pathways actions.