horizon medicalscheme

2026 BENEFIT YEAR
– what you need to know

We're pleased to let you know that we have again prioritised your health and your pocket in 2026 with:

Low increase: Average contribution increase of 2.6%.

Non-healthcare expenses remain below 5%.

211% Solvency ratio. This is well above the legislative requirement of 25% - the Scheme continues to be sustainable.

Benefit enhancements where it matters most – refer to the 2026 Member Guide to learn more.

NEW! **A dedicated Contraceptive Benefit** of **R2 620** per female beneficiary per year is now available to Hospital Core Plan members as well. Read more in the 2026 Member Guide.

These benefits are subject to approval by the Council for Medical Schemes

DO YOU WANT TO CHANGE PLANS?

If you would like to change to a new Plan from 1 January 2026, please complete and return the enclosed ***Choice of Plan Form***, by no later than **8 December 2025**. You can also log in to the **Member Portal** via the link below, to change to a new Plan.

Remember that you are only able to change plans **once a year** at benefit review time, so it is very important that you return your ***Choice of Plan Form*** in time if you want to change to another Plan. You do not need to submit a Form if you are remaining on your current Plan.

TIP: You can also change to a new plan via the Member Portal.

If you have any questions, please contact the Horizon Medical Scheme Call Centre on 0860 101 103 or email horizon@medscheme.co.za.

The Three Plans

Hospital Core Plan
(lowest cost)

WELLNESS BENEFITS

CHRONIC BENEFITS
basic PMBs

EMERGENCY MEDICAL SERVICES

HOSPITAL BENEFITS
R1 040 co-payment except for PMBs and maternity. Subject to Overall Annual Limit.

OVERALL ANNUAL LIMIT
R2 164 900 per family per year

This is a "basic" hospital benefit option providing comprehensive cover for major medical events at scheme rates. It is targeted at those looking for major medical cover, but willing to cover the cost of any shortfall between fees charged and the medical scheme rate. Chronic cover is limited to the Prescribed Minimum Benefits (PMBs).

Hospital plus Network Plan
(medium cost)

DAY-TO-DAY BENEFITS
provided by Momentum/CareCross
plus SPECIALIST BENEFITS
provided by the Scheme

WELLNESS BENEFITS

CHRONIC BENEFITS
basic PMBs

EMERGENCY MEDICAL SERVICES

HOSPITAL BENEFITS
R1 040 co-payment except for PMBs and maternity. Subject to Overall Annual Limit.

OVERALL ANNUAL LIMIT
R2 164 900 per family per year

This plan provides essential hospital, chronic and routine cover at a low cost by requiring members to use Designated Service Providers (DSPs) for the full spectrum of cover to access care. Chronic cover is limited to the Prescribed Minimum Benefits (PMBs).

Hospital plus Savings Plan
(highest cost)

DAY-TO-DAY BENEFITS
payable from Personal Medical Savings Account (PMSA)

WELLNESS BENEFITS

CHRONIC BENEFITS
basic PMBs plus
additional benefits for specified non-PMBs

EMERGENCY MEDICAL SERVICES

HOSPITAL BENEFITS
Unlimited at any hospital

OVERALL ANNUAL LIMIT
No limit

This is the most comprehensive plan on Horizon, offering unlimited hospital cover and additional chronic medicine cover for non-PMB conditions. Routine cover is offered via a medical savings account, allowing members choice in how to use their benefits. This Plan also enjoys enhanced maternity benefits.

2026 CONTRIBUTIONS

	Hospital Core Plan	Hospital plus Network Plan	Hospital plus Savings Plan*
MONTHLY CONTRIBUTIONS			
Principal member	R1 063	R1 999	R3 313
Additional adult/ Spouse/ Life partner	R852	R1 599	R2 648
Child	R374	R699	R1 158

***The total contributions for the Hospital plus Savings Plan are made up as follows:**

	Principal member	Additional adult dependant/ spouse/ life partner	Child dependant
Risk	R2 898	R2 317	R1 013
Allocation to PMSA	R415	R331	R145
Total	**R3 313**	**R2 648**	**R1 158**