FREE GUIDE · 2026



South Africa

Medical aid schemes compared

6 chapters · every source listed



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Medical aid schemes compared 2026

For anyone in South Africa choosing or switching medical aid: 13 schemes' lowest and highest 2026 contributions side by side, then Bonitas, Discovery, Momentum, Bestmed and Medihelp option by option.

This guide puts together 6 pages of Tulinde South Africa (tulinde.co.za), word for word. Each chapter states the date it was last reviewed; the 55 sources are listed at the end. Compiled on 31 October 2026. Laws, prices and rules change: check the online version of each chapter (its address is under its title) before you rely on it.

Contents

1. **Cheapest medical aid in South Africa 2026? Compare 13 schemes' lowest and highest published contributions** — reviewed 31 October 2026
2. **Bonitas medical aid plans in 2026: the 16 options, what each costs a month and which hospitals you can use** — reviewed 31 October 2026
3. **Discovery medical aid plans in 2026: the eight series, what each costs and which hospitals you can use** — reviewed 30 October 2026
4. **Momentum medical aid plans in 2026: Ingwe, Evolve, Custom, Incentive, Extender and Summit — what each costs a month** — reviewed 31 October 2026
5. **Bestmed medical aid in 2026: Beat, Pace and Rhythm — the options and what each costs a month** — reviewed 31 October 2026
6. **Medihelp medical aid in 2026: the twelve plans, their monthly contributions and hospital networks** — reviewed 31 October 2026
7. **Sources**

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Chapter 1

Cheapest medical aid in South Africa 2026? Compare 13 schemes' lowest and highest published contributions

Reviewed 31 October 2026 · online: https://tulinde.co.za/cheapest-medical-aid/

Short answer Checked 31 October 2026

Among the 13 schemes compared here, the **lowest published 2026 contribution for a main member on an open scheme** is **R645 a month** (Momentum Medical Scheme, Ingwe (lowest income band, Ingwe Network or any hospital)), from the scheme's own table. A low price usually means a **hospital network**, fewer day-to-day benefits, or an **income band** you must prove. Every option must still pay **Prescribed Minimum Benefits** in full. Restricted schemes (GEMS, POLMED, Bankmed, Profmed) are only open to their employees or professions, and employer subsidies change what you pay.

Every scheme's lowest- and highest-priced option in 2026

Monthly contribution for a **main member**, from each scheme's own 2026 table (links in the last column; seen 31 October 2026). Ordered by the lowest published contribution — a price, not a judgement of cover. Restricted schemes are marked; their figures are **before any employer subsidy**.

Scheme	Who can join	Lowest-priced option	Main member a month	Priced by income?	Highest-priced option
Momentum Medical Scheme	Open	Ingwe (lowest income band, Ingwe Network or any hospital)	**R645**	Yes, on Ingwe	Summit — R16,469
Bankmed	Restricted (banking employers)	Essential Plan (lowest income band)	**R893**	Yes, on five plans	Plus Plan — R9,644
Profmed	Restricted (professionals)	ProSelect Savvy (household income up to R20,000)	**R1,078**	Only ProSelect Savvy	ProPinnacle — R14,634
Fedhealth Medical Scheme	Open	flexiFEDSavvy Hospital Plan ("from")	**R1,155**	No (myFED is: R1,719 – R4,052)	maxima PLUS — R19,393
Bonitas Medical Fund	Open	BonCore	**R1,275**	No (BonCap is: R1,730 – R4,177)	BonComprehensive — R12,509
Discovery Health Medical Scheme	Open	KeyCare Start Regional (lowest income band)	**R1,278**	Yes, on KeyCare (Active Smart R1,350 for everyone)	Executive — R12,338
POLMED	Restricted (SAPS)	Aquarium (lowest band, full contribution;	**R1,489**	Yes, both options	Marine (top band, full) — R4,318

Scheme	Who can join	Lowest-priced option	Main member a month	Priced by income?	Highest-priced option
		member pays R127)			
GEMS	Restricted (public service)	Tanzanite One (lowest salary band, before subsidy)	**R1,693**	Yes, every option	Onyx (top band) — R8,598
Medihelp Medical Scheme	Open	MedMove! (income above R900; Student R804)	**R1,734**	Only MedMove! and MedMove! Student	MedPlus — R15,486
Bestmed Medical Scheme	Open	Rhythm1 (lowest income band)	**R1,736**	Only Rhythm1 and Rhythm2	Pace4 — R12,572
Medshield Medical Scheme	Open	MediCurve	**R1,821**	No	PremiumPlus — R9,489
KeyHealth Medical Scheme	Open	Essence	**R2,393**	No	Platinum — R13,840
Sizwe Hosmed Medical Scheme (under curatorship)	Open	Access Core (hospital plan)	**R3,161**	No	Titanium Executive — R11,737

> Income-banded options show their **lowest band**: you pay that rate only if your income (as the scheme verifies it) falls in the band. POLMED's contribution year starts on 1 April; Discovery's 2026 rates apply from 1 April 2026; Sizwe Hosmed's from 1 November 2025.

Why the lowest contribution is not the whole price

- **Hospital networks.** Most low-priced options pay in full only at a list of hospitals; elsewhere you pay a **co-payment** (often 30% or a fixed amount) for a planned admission.
- **Income bands.** The Medical Schemes Act allows pricing only by **income and number of dependants** (s 29(1)(n), Act). Banded options are cheapest for low incomes and need proof of income.
- **Day-to-day cover.** Hospital plans and network options pay few or no GP, medicine and specialist visits outside hospital; the CMS counted **R46.3 billion** of out-of-pocket payments by scheme members in 2024 (CMS Annual Report 2025/26).
- **PMBs stay.** Whatever the option, the scheme must pay the **Prescribed Minimum Benefits** in full at its designated providers (Regulation 8): what PMBs cover.

Hospital-only cover is explained on hospital plan vs medical aid; what the averages are across all schemes, on medical aid in South Africa (CMS average 2026: R3,759 a month per main member).

Working out a family's monthly cost

1. Take the option's **main member**, **adult dependant** and **child dependant** rates from the scheme's table (each scheme page here reproduces it).
2. Count children the scheme's way: most charge **at most three**.
3. For an income-banded option, use the band for your household's verified income.
4. Add any **late-joiner penalty** that applies to you (calculator) and subtract nothing for tax: the medical tax credit comes off your income tax, not the contribution.

Example from the tables: a couple with two children pays **4 × R1,275 = R5,100 a month** on Bonitas BonCore, and **R5,929 + R5,139 + 2 × R1,740 = R14,548** on Bonitas Standard.

Restricted schemes: check your employer first

Of the 70 registered schemes, **54 are restricted** to an employer, industry or profession (CMS Annual Report 2025/26). If you are eligible, they belong in your comparison: GEMS for the public service, POLMED for the SAPS, Bankmed for participating banks, Profmed for professionals. Your employer's subsidy can make a richer option cost you less than a cheap open one.

Switching scheme: what to check

A move to another scheme can bring **waiting periods**: none if you change because of a new job, up to 3 months if you were covered for more than 24 months and the break is under 90 days, and up to 3 + 12 months after a longer break (s 29A). Most schemes allow option changes only from **1 January**. Details: medical aid in South Africa. Complaints against a scheme go to the Council for Medical Schemes.

Frequently asked questions

Which is the cheapest medical aid in South Africa in 2026?
No official ranking exists. Among the 13 schemes compared here, the lowest published main-member contribution on an open scheme is R645 a month (Momentum Medical Scheme, Ingwe (lowest income band, Ingwe Network or any hospital)); low-priced options usually use hospital networks or income bands.

What is the cheapest Discovery medical aid?
KeyCare Start Regional, from R1,278 a month in the lowest income band; Active Smart costs R1,350 per person (1 April – 31 December 2026).

Is a cheaper medical aid still covered for emergencies?
Yes. Every option must pay Prescribed Minimum Benefits, including emergency medical conditions, in full at the scheme's designated providers (Regulation 8).

Are medical aid prices based on age?
No. Under s 29(1)(n) of the Medical Schemes Act contributions may depend only on income and the number of dependants; a late-joiner penalty can apply from 35 without earlier cover.

What is the cheapest restricted medical scheme?
It depends on your employer: GEMS's lowest option is R1,693 before subsidy, Bankmed's R893 (lowest income band), POLMED's member share R127. Only eligible employees can join.

Chapter 2

Bonitas medical aid plans in 2026: the 16 options, what each costs a month and which hospitals you can use

Reviewed 31 October 2026 · online: https://tulinde.co.za/bonitas-medical-aid-plans/

Short answer Checked 31 October 2026

Bonitas Medical Fund is an **open medical scheme**: anyone may join, and the Council for Medical Schemes lists it among the 16 open schemes. In 2026 it has **16 options**. Its own contribution tables (from **1 January 2026**) run from **R1,275 a month** per person on **BonCore** to **R12,509** for a main member on **BonComprehensive**; **BonCap** is priced by income, from **R1,730 to R4,177** for the main member. Most options use a hospital network: a planned admission outside it costs a **30% co-payment** or a fixed amount.

Bonitas Medical Fund: an open scheme

Bonitas Medical Fund is on the Council for Medical Schemes' register of schemes "registered in terms of the Medical Schemes Act (131 of 1998), as at 31 March 2026" as an **open** scheme (CMS Annual Report 2025/26). Open means it may not refuse an applicant, and its contributions may depend only on **income and number of dependants** — not your age or health (Medical Schemes Act, s 29).

The scheme's PAIA manual gives its CMS registration number as **1512** and says its administration "has been outsourced to one or more administrators"; the scheme does not name them on its website. Bonitas is a medical scheme, not an insurer: gap cover and hospital cash plans are insurance products (see gap cover).

The CMS's 2025/26 annual report states that it **initiated an investigation under section 44(4)(a)** of the Act into Bonitas and Makoti medical schemes, "triggered by the allegations" against them; the report gives no finding (CMS Annual Report 2025/26).

What each Bonitas option costs a month in 2026

Total monthly contributions published by the scheme **with effect from 1 January 2026**, including any medical savings account (MSA) (Annexure A 2026; BonCore from its own brochure). Options in the scheme's order, richest first:

Option	Main member	Adult dependant	Child dependant	Savings account
BonComprehensive	R12,509	R11,796	R2,548	Yes
BonClassic	R8,238	R7,071	R2,034	Yes
BonComplete	R6,614	R5,298	R1,794	Yes
Standard	R5,929	R5,139	R1,740	No
Standard Select	R5,431	R4,700	R1,590	No
BonSave	R4,047	R3,059	R1,211	Yes
Primary	R3,588	R2,807	R1,141	No
BonPrime	R3,255	R2,546	R1,035	Yes
BonFit	R2,698	R2,021	R908	Yes
Hospital Standard	R3,561	R2,999	R1,353	No
BonEssential	R2,747	R2,030	R888	No
BonEssential Select	R2,345	R1,718	R774	No
BonStart Plus	R2,040	R1,940	R899	No
BonStart	R1,603	R1,603	R1,603	No
BonCore	R1,275	R1,275	R1,275	No

BonCap is priced by the family's **monthly income**, subject to income verification (BonCap 2026 brochure):

BonCap income band (a month)	Main member	Adult dependant	Child dependant
R0– R11,930	R1,730	R1,730	R815
R11,931– R19,350	R2,111	R2,111	R971
R19,351– R25,170	R3,404	R3,404	R1,288
R25,171+	R4,177	R4,177	R1,585

Worked out from the table: a couple with two children pays **R5,929 + R5,139 + 2 × R1,740 = R14,548 a month** on Standard, and **4 × R1,275 = R5,100** on BonCore, where every person pays the same rate (BonCore charges at most three children).

Which Bonitas options have a savings account

Six options pay part of your contribution into a **medical savings account** for day-to-day costs. The brochures split it like this for the main member (Bonitas plan brochures 2026):

Option	Total main member contribution	Of which savings account
BonComprehensive	R12,509	R1,876
BonClassic	R8,238	R1,236
BonComplete	R6,614	R990
BonSave	R4,047	R1,012
BonPrime	R3,255	R521
BonFit	R2,698	R404

> Savings are your own money for day-to-day costs: once they run out you pay those costs yourself, unless the option has a further day-to-day benefit. An option without savings does not mean less hospital cover.

Bonitas hospital networks and co-payments

The 2026 contribution annexure and brochures set these hospital rules for planned admissions (Annexure A 2026, BonCore, BonCap):

Options	Hospital rule
BonComprehensive, Standard	Any private hospital
BonClassic, BonComplete, Standard Select, BonSave, Primary, BonPrime, BonFit, Hospital Standard, BonEssential, BonEssential Select	A list of specific private hospitals; a **30% co-payment** if you use a hospital outside the option's network
BonStart, BonStart Plus	Network hospitals; a **R12,680** co-payment outside the network
BonCore	Networks and formularies for GP, specialist, hospital, pathology and pharmacy; **R14,680** co-payment outside the hospital network, and **R5,500** per admission (not for a road accident, a maternity confinement or a PMB emergency)
BonCap	Networks and formularies; a **30%** co-payment at a non-network hospital (not in an emergency)

Emergencies and **Prescribed Minimum Benefits** follow the law on every option: the scheme must pay PMB conditions in full at its designated service providers (Regulation 8). What that covers: Prescribed Minimum Benefits.

Joining Bonitas: waiting periods and late-joiner penalties

Apply through the scheme's online quote and application form or through an accredited broker (Bonitas). The waiting periods it may apply are those of **section 29A** of the Act: up to **3 months** general and **12 months** for a specific condition if you had no scheme cover in the 90 days before applying; none if you join because of a new job (rules and table: medical aid in South Africa).

The annexure states that **late-joiner penalties** apply to members and adult dependants **aged 36 and older**, from 0.05 to 0.75 times the contribution depending on years without cover (Annexure A 2026). Work out your band with the late-joiner penalty calculator.

Bonitas in 2027: the announced increase

In its press release on the 2027 product offering, Bonitas states: "Across all plans, the average contribution increase for 2027 will be **8.7%**" (Bonitas). Each option's 2027 table is published by the scheme; until 1 January 2027 the 2026 figures above apply.

Claims and complaints

Bonitas asks that every claim reach the scheme **within 4 months of the treatment date** (member FAQ). General queries: **0860 002 108** or queries@bonitas.co.za; hospital authorisation: hospital@bonitas.co.za; BonCap and BonCore: **0861 239 333** (support).

1. **Complain to Bonitas first**, in writing, and keep the reference number: call 0860 002 108 or e-mail queries@bonitas.co.za, and ask for the query to be escalated if you are unhappy with the outcome (dispute resolution).
2. If the answer does not settle it, use the scheme's **internal dispute process** (the scheme's rules require one, s 29(1)(j) of the Medical Schemes Act).
3. Then complain to the **Council for Medical Schemes**: e-mail complaints@medicalschemes.co.za with the CMS complaint form, the scheme's reply and your accounts (CMS complaints procedure). Under section 47 the scheme has **30 days** to answer the CMS; a ruling can be appealed within **3 months** (s 48). How it works: Council for Medical Schemes.

Frequently asked questions

How much is Bonitas medical aid per month in 2026?

From 1 January 2026 the scheme's table runs from R1,275 per person on BonCore to R12,509 per main member on BonComprehensive (savings included). BonCap depends on income: R1,730 to R4,177 for the main member.

How many options does Bonitas have in 2026?

16: BonComprehensive, BonClassic, BonComplete, Standard, Standard Select, BonSave, Primary, BonPrime, BonFit, Hospital Standard, BonEssential, BonEssential Select, BonStart, BonStart Plus, BonCore and BonCap.

Is Bonitas an open medical scheme?

Yes. The CMS register at 31 March 2026 lists Bonitas Medical Fund as an open scheme, so it may not refuse an applicant (s 29(3)(a) of the Medical Schemes Act).

What is the Bonitas hospital plan?

Hospital Standard (R3,561 per main member) and the BonEssential options (R2,747; R2,345 on BonEssential Select) are the hospital-focused options in the 2026 table; all use a hospital network with a 30% co-payment outside it.

How long do I have to submit a claim to Bonitas?

Four months from the treatment date, according to the scheme's member FAQ.

How much will Bonitas increase in 2027?

8.7% on average across all plans, according to the scheme's press release on its 2027 product offering.

Chapter 3

Discovery medical aid plans in 2026: the eight series, what each costs and which hospitals you can use

Reviewed 30 October 2026 · online: https://tulinde.co.za/discovery-medical-aid-plans/

Short answer Checked 30 October 2026

Discovery medical aid plans are the options of **Discovery Health Medical Scheme**, an open scheme regulated by the Council for Medical Schemes. In 2026 it offers **eight series — Executive, Comprehensive, Priority, Saver, Smart Saver, Smart, Core and KeyCare — with 25 plans**. Its own contribution table (1 April to 31 December 2026) runs from **R12,338 a month** for a main member on Executive down to **R1,350** per person on Active Smart, and **R1,278** for the lowest income band of KeyCare Start Regional. What changes most between plans, apart from the price, is **which hospitals you may use** without paying an upfront amount or the whole bill.

The eight series of Discovery medical aid plans

Discovery Health Medical Scheme is one of the **open schemes** registered with the Council for Medical Schemes (the full list is on our medical aid in South Africa page), so it may not refuse an applicant or price members by age or health (Medical Schemes Act, s 29). It is a medical scheme, not an insurer: the Discovery companies on the Prudential Authority's register sell life and short-term insurance (see our Discovery profile).

Its 2026 plan comparison groups the plans in this order:

Series	Plans in 2026	Day-to-day cover, as the scheme describes it
Executive	Executive	Medical Savings Account (MSA), then an Above Threshold Benefit with no limit
Comprehensive	Classic Comprehensive, Classic Smart Comprehensive	MSA, then a limited Above Threshold Benefit
Priority	Classic Priority, Essential Priority	MSA, then a limited Above Threshold Benefit
Saver	Classic Saver, Classic Delta Saver, Essential Saver, Essential Delta Saver, Coastal Saver	MSA
Smart Saver	Classic Smart Saver, Essential Smart Saver	MSA
Smart	Classic Smart, Essential Smart, Essential Dynamic Smart, Active Smart	No MSA
Core	Classic Core, Classic Delta Core, Essential Core, Essential Delta Core, Coastal Core	No MSA
KeyCare	KeyCare Plus, KeyCare Core, KeyCare Start, KeyCare Start Regional	No MSA; prices set by income band, verified for the lower bands

Delta plans use the Delta Hospital Network, **Coastal** plans the private hospitals of the four coastal provinces, and **Smart** plans the Smart Hospital Network: the same series is cheaper in exchange for a narrower choice of hospitals.

What each Discovery plan costs a month in 2026

These are the **total monthly contributions** published by the scheme for **1 April – 31 December 2026**, including the part paid into the Medical Savings Account (plan comparison 2026, seen 30

October 2026). For January to March 2026 the 2025 rates applied. The scheme counts **at most three children** per family.

Plan	Main member (R)	Adult dependant (R)	Child dependant (R)	Of which MSA, main member (R)
Executive	12,338	12,338	2,358	3,084
Classic Comprehensive	10,037	9,492	2,002	2,509
Classic Smart Comprehensive	8,576	7,920	2,002	1,286
Classic Priority	6,198	4,889	2,478	1,549
Essential Priority	5,327	4,189	2,127	799
Classic Saver	4,850	3,825	1,943	970
Classic Delta Saver	3,875	3,062	1,556	775
Essential Saver	3,886	2,914	1,556	388
Essential Delta Saver	3,099	2,339	1,243	309
Coastal Saver	4,098	3,082	1,648	614
Classic Smart Saver	3,350	2,840	1,400	235
Essential Smart Saver	2,750	2,350	895	193
Classic Smart	3,018	2,381	1,205	None
Essential Smart	2,161	2,161	2,161	None
Essential Dynamic Smart	1,797	1,797	1,797	None
Active Smart	1,350	1,350	1,350	None
Classic Core	3,905	3,083	1,562	None

Plan	Main member (R)	Adult dependant (R)	Child dependant (R)	Of which MSA, main member (R)
Classic Delta Core	3,126	2,465	1,250	None
Essential Core	3,356	2,517	1,347	None
Essential Delta Core	2,681	2,018	1,076	None
Coastal Core	3,250	2,438	1,291	None

KeyCare plans are priced by the family's monthly income (the higher earner's income, as the scheme defines it):

KeyCare plan	Income bands (R a month)	Main member or adult (R)	Child (R)
KeyCare Plus	0 – 10,250 · 10,251 – 16,600 · 16,601 +	1,961 · 2,695 · 3,980	713 · 760 · 1,064
KeyCare Core	0 – 10,250 · 10,251 – 16,600 · 16,601 +	1,490 · 1,859 · 2,845	390 · 461 · 645
KeyCare Start	0 – 10,950 · 10,951 – 16,550 · 16,551 – 25,150 · 25,151 +	1,436 · 2,107 · 3,306 · 3,765	875 · 947 · 992 · 1,024
KeyCare Start Regional	0 – 10,950 · 10,951 – 16,550 · 16,551 – 25,150 · 25,151 +	1,278 · 1,932 · 3,011 · 3,430	769 · 869 · 922 · 961

Worked out from the table: a couple with two children pays **R3,018 + R2,381 + 2 × R1,205 = R7,809 a month** on Classic Smart, and **4 × R1,350 = R5,400** on Active Smart, where every person pays the same rate.

> The MSA part of your contribution is your money for day-to-day costs: once it runs out you pay those costs yourself until the threshold (on Executive, Comprehensive and Priority) is reached. A cheaper plan with no MSA does not give you less hospital cover, but it pays for fewer day-to-day services.

Which hospitals each plan covers

The networks are where the plans differ most. For **planned** admissions, the scheme's plan comparison and Priority guide set these rules:

Plans	Hospitals with full cover	Planned admission elsewhere
Executive, Classic Comprehensive	Any facility approved by the scheme	—
Classic Priority, Essential Priority	Any facility approved by the scheme	Upfront payment of **R5,000 to R23,700** for a defined list of procedures
Classic Saver, Essential Saver, Classic Core, Essential Core	Any facility approved by the scheme	—
Delta Saver and Delta Core plans	Delta Hospital Network	Upfront payment of **R11,100**
Coastal Saver, Coastal Core	Approved private hospitals in the four coastal provinces	The scheme pays **70%** of the Discovery Health Rate; you pay the rest
Classic Smart Comprehensive, Smart Saver plans, Classic Smart, Essential Smart	Smart Hospital Network	Upfront payment of **R12,650**
Essential Dynamic Smart	Dynamic Smart Hospital Network, as referred by Ask Discovery	Upfront payment of **R15,300**
Active Smart	Dynamic Smart Hospital Network — with an upfront payment of **R7,750** even there	Upfront payment of **R15,300**
KeyCare Plus, KeyCare Core	KeyCare Hospital Network (the Partial Cover Network is paid at **70%**)	You pay all costs
KeyCare Start, KeyCare Start Regional	Only the network hospital you chose	You pay all costs (not in an emergency)

Emergencies and **Prescribed Minimum Benefits** follow their own rule on every plan: the scheme covers an emergency medical condition, a defined list of **271 diagnoses** and **27 chronic conditions**,

but you must use its designated service providers outside emergencies; otherwise it pays up to **80%** of the Discovery Health Rate (plan comparison). What the law requires schemes to pay: Prescribed Minimum Benefits.

Waiting periods and late-joiner penalties when you join Discovery

Waiting periods come from **section 29A** of the Medical Schemes Act, and apply to every open scheme, Discovery included:

- **No scheme cover in the 90 days before you apply**: a general waiting period of up to three months and a condition-specific one of up to **12 months** (s 29A(1)).
- **Covered for up to 24 months, ended less than 90 days ago**: only what was left of an earlier waiting period, and up to 12 months for a specific condition, but not for PMBs (s 29A(2)).
- **Covered for more than 24 months, ended less than 90 days ago**: up to three months, not for PMBs, and no condition-specific period (s 29A(3)).
- **Joining because of a new job or an employer's move to Discovery**: no waiting period (s 29A(6)).

Discovery's own 2026 guide warns that if you have **never belonged to a medical scheme**, or had a **break of more than 90 days** and have a pre-existing condition, you will have **no access to Prescribed Minimum Benefits during the waiting periods — including emergency admissions**.

From **35**, joining without enough earlier cover can add a late-joiner penalty to your contribution: work out your band with the late-joiner penalty calculator.

Discovery plans in 2027: the announced increases and a new plan

On 1 October 2026 Discovery announced that the scheme's contributions will rise by **between 7.4% and 8.9%** from **1 January 2027**, with a weighted average of **8.2%**, **subject to approval by the Council for Medical Schemes** (Discovery press release). According to the same release:

- a new plan, **Active Core**, opens on 1 January 2027 at **R1,700** for the main member, **R1,550** per adult dependant and **R500** per child dependant;
- **Active Smart** rises to **R1,450** per person a month.

The scheme publishes its full 2027 table and guides before the year starts: until then, the 2026 figures above are the ones in force.

How to compare Discovery plans, step by step

1. **List the hospitals you would actually use** — near home and near work — and check with the scheme which networks they belong to before you look at prices.
2. **Decide whether you want day-to-day cover.** If you rarely see a doctor, a plan without an MSA (Smart, Core, KeyCare) keeps the contribution lower; with a chronic condition or young children, compare the MSA amounts.
3. **Count your family with the scheme's rule**: each adult pays the adult rate, and only three children are charged.
4. **Check waiting periods and the late-joiner penalty** that apply to you, using your proof of earlier cover.
5. **Compare with another open scheme** on the same basis — hospitals, day-to-day cover, total monthly cost: see medical aid in South Africa and every scheme's 2026 contributions side by side on compare medical aid schemes.

Tulinde does not sell medical aid or take quote requests in South Africa. If specialist bills above the scheme rate worry you, read what gap cover pays before choosing a richer plan for that reason alone.

Frequently asked questions

How much is Discovery medical aid per month in 2026?

From 1 April to 31 December 2026, the scheme's table runs from R12,338 per main member on Executive to R1,350 per person on Active Smart; KeyCare plans depend on income, from R1,278 (KeyCare Start Regional, lowest band) to R3,980 (KeyCare Plus, top band).

How many plans does Discovery Health Medical Scheme have?

Eight series in 2026 — Executive, Comprehensive, Priority, Saver, Smart Saver, Smart, Core and KeyCare — with 25 plans in its contribution table. Active Core is announced for 1 January 2027.

Which Discovery plans have a medical savings account?

Executive, Comprehensive, Priority, Saver and Smart Saver. Smart, Core and KeyCare plans have no Medical Savings Account.

Can I use any hospital on Discovery?

On Executive, Classic Comprehensive, Priority and the Classic and Essential Saver and Core plans, any facility approved by the scheme. On Delta, Coastal, Smart and KeyCare plans you must use the plan's network for planned admissions, or pay an upfront amount, part of the bill or all of it.

Does Discovery have waiting periods?

Yes, within the limits of section 29A of the Medical Schemes Act: up to three months generally and up to 12 months for a specific condition if you had no cover in the 90 days before joining.

Discovery states that during these waiting periods you have no access to PMBs, including emergency admissions.

How much will Discovery increase in 2027?

Between 7.4% and 8.9% from 1 January 2027, 8.2% on weighted average, subject to approval by the Council for Medical Schemes (Discovery, 1 October 2026).

Chapter 4

Momentum medical aid plans in 2026: Ingwe, Evolve, Custom, Incentive, Extender and Summit — what each costs a month

Reviewed 31 October 2026 · online: https://tulinde.co.za/momentum-medical-aid-plans/

Short answer Checked 31 October 2026

Momentum Medical Scheme (Momentum Health) is an **open scheme** (registration 1167) administered by **Momentum Health**, a subsidiary of Momentum Metropolitan Life. It has **six options** in 2026: **Ingwe, Evolve, Custom, Incentive, Extender and Summit**. Its own 2026 tables run from **R645 a month** for a member alone on **Ingwe** (income up to R1,550) to **R16,469** on **Summit**. On most options the price also depends on the **hospitals** you choose — any hospital, Associated hospitals or a network — and on where you get **chronic medicine**.

Momentum Medical Scheme: an open scheme

The CMS register at 31 March 2026 lists **Momentum Medical Scheme** as **open** (CMS Annual Report 2025/26). The scheme describes itself as "a not for profit open medical scheme", registration number **1167**, with **Momentum Health** as administrator and managed healthcare provider, and "over 293 000 beneficiaries" (Momentum Medical Scheme). It is a medical scheme, separate from the insurer Momentum (see our Momentum insurer profile).

Its home page also carries a **notice of the proposed amalgamation of Suremed Health with Momentum Medical Scheme with effect from 1 January 2027**, with comments to the Registrar by **15 December 2026** (Momentum Medical Scheme). The 2026 weighted average increase was **9.9%**, from 1 January 2026 (Momentum).

Ingwe Option 2026: priced by income and hospital choice

Ingwe is priced by **monthly income** and by the hospitals you choose: the **Connect Network** (chronic and day-to-day care at State facilities), the **Ingwe Network** (with the Ingwe Primary Care Network) or **any hospital** (with the Ingwe Active Network). Member alone, a month (Focus on the Ingwe Option 2026):

Monthly income	Connect Network	Ingwe Network	Any hospital
R0– R1,550	R1,079	R645	R645
R1,551– R9,400	R1,252	R1,425	R1,852
R9,401– R12,500	R1,635	R1,814	R2,590
R12,501– R18,000	R1,763	R2,492	R3,527
R18,001– R23,500	R2,870	R3,576	R4,527
R23,501+	R3,302	R3,590	R4,546

On Ingwe **every child** is charged for. Members below the top band must prove their income.

The other options: 2026 contributions by family size

Momentum prints its rates **by family**, not per person. From the scheme's 2026 option pages (Evolve, Custom, Incentive, Extender, Summit); on these options at most three children are charged:

Option	Hospitals · chronic provider	Member	Member + adult	Member + adult + 1 child	Member + adult + 2 children
Custom	Associated hospitals · chronic: Any	R3,749	R6,707	R8,029	R9,351
	Associated hospitals · chronic: Associated	R3,334	R5,920	R7,098	R8,276
	Associated hospitals · chronic: State	R2,585	R4,541	R5,457	R6,373
	Any hospitals · chronic: Any	R4,472	R8,061	R9,657	R11,253
	Any hospitals · chronic: Associated	R3,953	R7,042	R8,479	R9,916
	Any hospitals · chronic: State	R3,295	R5,782	R6,989	R8,196
Incentive	Associated hospitals · chronic: Any	R5,333	R9,625	R11,618	R13,611
	Associated hospitals · chronic: Associated	R4,731	R8,493	R10,290	R12,087
	Associated hospitals · chronic: State	R3,362	R6,015	R7,305	R8,595
	Any hospitals · chronic: Any	R6,030	R10,930	R13,281	R15,632

Option	Hospitals · chronic provider	Member	Member + adult	Member + adult + 1 child	Member + adult + 2 children
	Any hospitals · chronic: Associated	R5,149	R9,277	R11,300	R13,323
	Any hospitals · chronic: State	R4,179	R7,471	R9,123	R10,775
Extender	Associated hospitals · chronic: Any	R10,088	R18,213	R21,069	R23,925
	Associated hospitals · chronic: Associated	R9,081	R16,390	R19,002	R21,614
	Associated hospitals · chronic: State	R7,939	R13,960	R16,295	R18,630
	Any hospitals · chronic: Any	R11,472	R20,712	R24,003	R27,294
	Any hospitals · chronic: Associated	R10,079	R18,196	R21,095	R23,994
	Any hospitals · chronic: State	R9,017	R16,418	R19,065	R21,712
Evolve	Evolve Network	R2,029	R4,058	R6,087	R8,116
Summit	Any provider	R16,469	R29,544	R33,300	R37,056

The Extender figures match the scheme's 2026 Extender member guide. **Incentive** pays **10%** of the contribution into a savings account and **Extender 25%**; Evolve and Custom have no savings account but an optional HealthSaver+; Summit has insured day-to-day benefits.

"Associated" hospitals and providers are the scheme's own lists: a cheaper combination works only if your hospital and pharmacy are on them. Whatever the choice, PMBs are paid in full at the designated providers: Prescribed Minimum Benefits.

Momentum in 2027

The scheme states that its "2027 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Registrar"; the Ingwe income bands move (for example the first band to R1,600) (2027 summary). It publishes no average percentage on its own pages yet.

Joining and claiming

Get a quote online, ask for a call-back or go through a healthcare adviser; as an open scheme it may not refuse you, only apply the waiting periods of section 29A (membership; rules on medical aid in South Africa).

Claims: claims@momentumhealth.co.za or the Momentum app. Member call centre (call or WhatsApp) **0860 117 859**, member@momentumhealth.co.za (contact).

Complaints

1. **Complain to Momentum Medical Scheme first**, in writing, and keep the reference number: call 0860 11 78 59 or e-mail member@momentumhealth.co.za and ask for escalation; then write to the Principal Officer, ask a Board committee to review, and ask for the Disputes Committee (toll-free complaints number **0800 20 40 70**) (complaints and disputes policy).
2. If the answer does not settle it, use the scheme's **internal dispute process** (the scheme's rules require one, s 29(1)(j) of the Medical Schemes Act).
3. Then complain to the **Council for Medical Schemes**: e-mail complaints@medicalschemes.co.za with the CMS complaint form, the scheme's reply and your accounts (CMS complaints procedure). Under section 47 the scheme has **30 days** to answer the CMS; a ruling can be appealed within **3 months** (s 48). How it works: Council for Medical Schemes.

Frequently asked questions

How much is Momentum medical aid per month in 2026?

From R645 for a member alone on Ingwe (income up to R1,550, Ingwe Network or any hospital) to R16,469 on Summit, according to the scheme's 2026 option pages.

What are the Momentum Medical Scheme options?

Six in 2026: Ingwe, Evolve, Custom, Incentive, Extender and Summit.

What is the cheapest Momentum option?

Ingwe, priced by income: from R645 a month for a member alone in the lowest band. Evolve costs R2,029 per person on the Evolve Network.

Is Momentum Medical Scheme the same as Momentum insurance?

No. Momentum Medical Scheme is a registered open medical scheme (number 1167) administered by Momentum Health; Momentum's insurers are separate companies.

Is Suremed merging with Momentum?

The scheme has published a notice of the proposed amalgamation of Suremed Health with Momentum Medical Scheme from 1 January 2027, subject to the Registrar; comments were invited by 15 December 2026.

Chapter 5

Bestmed medical aid in 2026: Beat, Pace and Rhythm — the options and what each costs a month

Reviewed 31 October 2026 · online: https://tulinde.co.za/bestmed-medical-aid/

Short answer Checked 31 October 2026

Bestmed Medical Scheme is an **open scheme** that calls itself South Africa's largest **self-administered** scheme, with over **121,000 principal members**. Its 2026 range has the **Beat** options (hospital-focused, Beat1–3 also in cheaper **Network** versions), the **Pace** options (comprehensive, with savings) and the income-banded **Rhythm** options. From the scheme's own 2026 benefit summaries, contributions run from **R1,736 a month** for a main member on **Rhythm1** (income up to R9,000) to **R12,572** on **Pace4**.

Bestmed: an open, self-administered scheme

The CMS register at 31 March 2026 lists **Bestmed Medical Scheme** as **open** (CMS Annual Report 2025/26). Bestmed describes itself as "South Africa's largest self-administered medical scheme", with a track record of over 60 years (company profile), and its 2026 guide counts **over 121,000 principal members** and **over 250,000 beneficiaries** (Your Guide to Bestmed 2026).

> Bestmed's website refused automated access on 31 October 2026: the figures on this page come from the Web Archive copies (April–May 2026) of the scheme's own 2026 benefit summaries, at their official addresses. A later revision cannot be ruled out; check the current brochure on bestmed.co.za before you sign.

Bestmed contributions 2026: Beat and Pace

Monthly contributions from p. 2 of each 2026 benefit summary; the totals include any savings account. Richest option first:

Option	Main member	Adult dependant	Child dependant	Savings account
Pace4	R12,572	R12,572	R2,945	Yes
Pace3	R10,064	R8,101	R1,731	Yes
Pace2	R8,766	R8,596	R1,933	Yes
Pace1	R5,934	R4,289	R1,541	Yes
Beat4	R7,365	R6,082	R1,821	Yes
Beat3 Plus	R5,042	R3,746	R1,902	Yes
Beat3	R4,514	R3,220	R1,593	Yes
Beat3 Network (N)	R4,062	R2,898	R1,434	Yes
Beat2	R3,084	R2,395	R1,299	Yes
Beat2 Network (N)	R2,775	R2,156	R1,167	Yes
Beat1	R2,523	R1,959	R1,061	No
Beat1 Network (N)	R2,269	R1,764	R956	No

The **Network (N)** versions of Beat1, Beat2 and Beat3 cost less because you must use specific network hospitals; the standard versions let you choose any hospital (Beat1 summary). Beat1 is a hospital plan.

Rhythm1 and Rhythm2: priced by income

The Rhythm options use designated service provider networks (Rhythm network hospitals and GPs) and have **no savings account**. Contributions by **monthly income** (Rhythm1, Rhythm2):

Option	Monthly income	Main member	Adult dependant	Child dependant
Rhythm2	R0– R5,500	R2,747	R2,610	R1,653
	R5,501– R8,500	R3,300	R3,000	R1,759
	Above R8,501	R3,516	R3,165	R1,759
Rhythm1	R0– R9,000	R1,736	R1,736	R715
	R9,001– R14,000	R2,024	R2,024	R860
	Above R14,001	R3,615	R3,615	R1,873

Every option still pays PMBs in full at the designated providers: Prescribed Minimum Benefits.

Joining and claiming

Get a quote on bestmed.co.za or through an adviser, or use the 2026 individual application form (new business: newbusiness@bestmed.co.za); employer groups have their own forms. Bestmed counts dependants under 24 as children and charges at most three. Waiting periods follow section 29A: see medical aid in South Africa.

Claims: e-mail claims@bestmed.co.za, post to PO Box 2297, Pretoria 0001, or use the Bestmed app, **within four months** of treatment; the guide says claims are processed within 48 hours (Your Guide to Bestmed 2026). Client service **086 000 2378**.

Complaints

1. **Complain to Bestmed first**, in writing, and keep the reference number: call client service on 086 000 2378, then e-mail escalations@bestmed.co.za (subject "Manager, escalated query"); a formal complaint follows rule 28 of the registered rules (Your Guide to Bestmed 2026).
2. If the answer does not settle it, use the scheme's **internal dispute process** (the scheme's rules require one, s 29(1)(j) of the Medical Schemes Act).
3. Then complain to the **Council for Medical Schemes**: e-mail complaints@medicalschemes.co.za with the CMS complaint form, the scheme's reply and your accounts (CMS complaints procedure). Under section 47 the scheme has **30 days** to answer the CMS; a ruling can be appealed within **3 months** (s 48). How it works: Council for Medical Schemes.

Frequently asked questions

How much is Bestmed per month in 2026?

From R1,736 per main member on Rhythm1 (income up to R9,000) to R12,572 on Pace4, according to the scheme's 2026 benefit summaries.

What is the cheapest Bestmed option?

Rhythm1 in the lowest income band (R1,736). Among the Beat options, Beat1 Network costs R2,269 per main member.

What does the N mean on Bestmed Beat options?

Network: Beat1, Beat2 and Beat3 Network require specific network hospitals in exchange for a lower contribution.

Is Bestmed an open medical scheme?

Yes. The CMS register at 31 March 2026 lists it as open, and it describes itself as self-administered.

How long do I have to submit a Bestmed claim?

Four months from the date of treatment (Your Guide to Bestmed 2026).

Chapter 6

Medihelp medical aid in 2026: the twelve plans, their monthly contributions and hospital networks

Reviewed 31 October 2026 · online: https://tulinde.co.za/medihelp-medical-aid/

Short answer Checked 31 October 2026

Medihelp Medical Scheme is an **open, self-administered scheme**, founded in **1905**. It has **twelve plans** in 2026, from **MedMove! Student** and **MedMove!** to **MedPlus**; the **Elect** and network plans (MedVital Elect, MedAdd Elect, MedReach, MedPrime Elect) use **Tier 1, 2 or 3** hospital networks for a lower contribution. Its own 2026 tables run from **R804 a month** for **MedMove! Student** (income up to R900) and **R1,734** on **MedMove!** to **R15,486** on **MedPlus**. Medihelp has announced a **7.5%** weighted average increase for 2027.

Medihelp: the oldest open scheme

Medihelp is on the CMS register as **open** (CMS Annual Report 2025/26). It describes itself as "South Africa's oldest medical scheme – and one of the country's top five open medical schemes", founded in **1905** and **self-administered** (About us).

The CMS reported that Medihelp reached the minimum solvency level and ended 2025 at **26.92%** on unaudited figures, against the 25% minimum of Regulation 29 (CMS Annual Report 2025/26).

Medihelp contributions 2026

Monthly contributions from the scheme's member guide 2026 (printed p. 10); MedPlus and the MedMove! plans from their own 2026 summaries (MedPlus, MedMove!, MedMove! Student). Totals include the savings share. Child dependant rates apply until age **26**; on MedVital, MedAdd and MedPrime you pay only for the **two youngest** children under 18.

Plan	Main member	Adult dependant	Child dependant	Hospitals	Savings share
MedPlus	R15,486	R15,486	R3,864	Any	No
MedElite	R8,922	R8,352	R2,418	Any	10%
MedPrime	R5,790	R4,896	R1,692	Any	10%
MedPrime Elect	R4,746	R4,002	R1,380	Tier 3 network	10%
MedSaver	R4,260	R3,504	R1,302	Any	25%
MedAdd	R4,038	R3,402	R1,368	Any	15%
MedReach	R3,360	R2,634	R1,092	Tier 2 network	No
MedAdd Elect	R3,186	R2,496	R1,110	Tier 2 network	15%
MedVital	R3,096	R2,376	R1,062	Any	No
MedVital Elect	R2,412	R1,752	R1,014	Tier 1 network	No
MedMove! (income R901 +)	R1,734	R1,734	R1,734	Tier 1 network	No
MedMove! Student (income up to R900)	R804	R804	R804	Tier 1 network	No

Network-plan members must use hospitals in their tier to avoid co-payments of **up to 35%** of the hospital account (member guide, p. 22). Since 2026, MedVital Elect, MedAdd Elect and MedReach members no longer need a GP referral to see a specialist. What PMBs guarantee: Prescribed Minimum Benefits.

Medihelp in 2027

On **1 October 2026** Medihelp announced "a weighted average contribution increase of **7,5%** for 2027, with increases limited to 7% or less for 60% of members"; its 2027 content is subject to CMS approval (Medihelp 2027).

Joining and claiming

Apply online, ask for a quote or an adviser on medihelp.co.za, or send the 2026 application form. Waiting periods and late-joiner penalties follow the Act: see medical aid in South Africa and the late-joiner penalty calculator.

Claims are submitted and followed on the **Member Zone** or the Medihelp app (member guide). Client care **086 0100 678**, enquiries@medihelp.co.za.

Complaints

1. **Complain to Medihelp first**, in writing, and keep the reference number: call client care on 086 0100 678 or use the formal complaint form in the Member Zone (login required).
2. If the answer does not settle it, use the scheme's **internal dispute process** (the scheme's rules require one, s 29(1)(j) of the Medical Schemes Act).
3. Then complain to the **Council for Medical Schemes**: e-mail complaints@medicalschemes.co.za with the CMS complaint form, the scheme's reply and your accounts (CMS complaints procedure). Under section 47 the scheme has **30 days** to answer the CMS; a ruling can be appealed within **3 months** (s 48). How it works: Council for Medical Schemes.

Frequently asked questions

How much is Medihelp per month in 2026?

From R804 on MedMove! Student (income up to R900) and R1,734 on MedMove! to R15,486 per main member on MedPlus.

How many plans does Medihelp have?

Twelve in 2026: MedMove! Student, MedMove!, MedVital Elect, MedVital, MedAdd Elect, MedAdd, MedSaver, MedReach, MedPrime Elect, MedPrime, MedElite and MedPlus.

What does Elect mean on Medihelp plans?

The network version of the plan: MedVital Elect uses Tier 1 hospitals, MedAdd Elect Tier 2, MedPrime Elect Tier 3, with co-payments of up to 35% outside the network.

How much will Medihelp increase in 2027?

7.5% on weighted average, 7% or less for 60% of members (Medihelp, 1 October 2026), subject to CMS approval.

Is Medihelp an open medical scheme?

Yes. It is on the CMS register as open and is self-administered.

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