FREE GUIDE · 2026



South Africa

GEMS, POLMED, Bankmed, Profmed & more: medical aid schemes

8 chapters · every source listed



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GEMS, POLMED, Bankmed, Profmed & more: medical aid schemes 2026

For public servants, police officers, bank employees and professionals in South Africa, and anyone comparing Fedhealth, Medshield, KeyHealth or Sizwe Hosmed: who may join, the 2026 options and contributions by band.

This guide puts together 8 pages of Tulinde South Africa (tulinde.co.za), word for word. Each chapter states the date it was last reviewed; the 59 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.

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Chapter 1

GEMS medical aid in 2026: who can join, the six options and their monthly contributions by salary band

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

Short answer Checked 31 October 2026

GEMS (Government Employees Medical Scheme) is a **restricted scheme**: only people employed in the **public service** (and their dependants) can join — it is not open to the public. In 2026 it has **six options**, priced by **monthly salary band**. From **February to December 2026** its own table runs from **R1,693 a month** for a main member on **Tanzanite One** (lowest band) to **R8,598** on **Onyx** (top band), **before the employer subsidy**, which can reach 100% for qualifying employees on low salary levels.

GEMS: a restricted scheme for public servants

The CMS register at 31 March 2026 lists the **Government Employees Medical Scheme (GEMS)** as a **restricted** scheme (CMS Annual Report 2025/26). GEMS describes itself as "a restricted scheme for Government employees, only those employed within public service can become members"; it was registered on **1 January 2005** and enrolled members from January 2006 (GEMS fact sheet).

Its 2026 brochure calls it "South Africa's largest restricted medical scheme", with **over 890,000 principal members** and **over 2.4 million beneficiaries** (2026 brochure). GEMS does not name a single administrator: it lists **Metropolitan Health** for membership and claims, **Medscheme** for contributions and debt management and **Medscheme Health Risk Solutions** as managed care organisation (service providers).

Solvency. On unaudited figures at 31 December 2025 the CMS put GEMS at **24.70%**, below the **25% minimum** of Regulation 29, and noted that the scheme submitted a Regulation 29 business plan during 2026 (CMS Annual Report 2025/26).

GEMS contributions 2026 by salary band

The figures below are the scheme's "Monthly Contributions for **February 2026 to December 2026**", per beneficiary and **before any employer subsidy**; bands are **monthly salary** (2026 brochure, p. 21). January 2026 had its own, slightly higher table (p. 20).

Option	Salary band (a month)	Main member	Adult dependant	Child dependant
Tanzanite One	R0– R11,462.00	R1,693	R1,337	R729
	R11,462.01 – R16,084.00	R1,774	R1,421	R786
	R16,084.01 – R27,554.00	R2,197	R2,055	R1,057
	R27,554.01 +	R2,873	R2,873	R1,630
Beryl	R0– R11,462.00	R1,910	R1,905	R1,072
	R11,462.01 – R16,084.00	R2,073	R2,056	R1,183
	R16,084.01 – R27,554.00	R2,393	R2,393	R1,342
	R27,554.01 +	R2,873	R2,873	R1,630
Ruby	R0– R17,261.00	R3,156	R2,368	R1,224
	R17,261.01 – R29,810.00	R3,516	R2,640	R1,372
	R29,810.01 +	R3,892	R2,936	R1,512
Emerald Value	R0– R17,261.00	R3,695	R2,823	R1,373
	R17,261.01 – R29,810.00	R4,089	R3,169	R1,541
	R29,810.01 +	R4,580	R3,522	R1,716
Emerald	R0– R17,261.00	R4,413	R3,362	R1,638

Option	Salary band (a month)	Main member	Adult dependant	Child dependant
	R17,261.01 – R29,810.00	R4,884	R3,776	R1,835
	R29,810.01 +	R5,476	R4,198	R2,048
Onyx	R0– R17,261.00	R7,652	R5,858	R2,301
	R17,261.01 – R36,779.00	R7,963	R6,063	R2,500
	R36,779.01 +	R8,598	R6,608	R2,789

The brochure states that qualifying public service employees on **salary levels 1 to 5** may receive up to a **100% employer subsidy** (2026 brochure). The subsidy is set by your employer: ask your HR office what it pays on each option.

Why the table did not change mid-year: on **7 May 2026** GEMS proposed lowering the 2026 weighted average increase to **7.5%** from 1 July, subject to CMS approval (media statement); on **30 June 2026** it reported that the CMS **did not approve** it, so the **9.5%** increase in force since 1 February 2026 stays (media statement).

How the six GEMS options differ in hospital

From the benefit pages of the 2026 brochure:

Option	Hospital rule, as the brochure prints it
Tanzanite One	In-hospital cover limited to PMBs; a state or GEMS network hospital for all admissions; **R15,000** co-payment per admission at a non-network private hospital used voluntarily
Beryl	Hospital cover at private and state hospitals; **R15,000** co-payment per admission for voluntary use of a non-network hospital
Ruby	GEMS Network hospitals for all admissions, maternity included (**R15,000** co-payment otherwise); **20%** of contributions go to a personal medical savings account
Emerald Value	Network providers and hospitals; **R15,000** co-payment per admission at a non-network hospital
Emerald, Onyx	Broader hospital access; the brochure prints no non-network hospital co-payment for these options

Whatever the option, **Prescribed Minimum Benefits** must be paid in full at the scheme's designated providers — see Prescribed Minimum Benefits.

How to join GEMS

1. Check you are **employed in the public service** (the scheme's eligibility rule).
2. Ask **HR** for the employer subsidy on each option and the salary level it is based on.
3. Fill in the **member application form** (GEMS) and send it with the documents it lists.
4. If you were on another scheme less than 90 days ago, include proof of membership: it limits the waiting periods a scheme may apply (s 29A; joining because of employment carries **no** waiting period, s 29A(6)). Details: medical aid in South Africa.

GEMS claims and complaints

Claims go by post (GEMS, Private Bag X782, Cape Town, 8000), fax **0861 00 4367**, e-mail enquiries@gems.gov.za or a GEMS walk-in centre, and must reach the scheme **before the last day of the fourth month** after the service (claims guide). Call centre: **0800 00 4367** (contact).

1. **Complain to GEMS first**, in writing, and keep the reference number: e-mail Complaints@gems.gov.za or call 0860 00 4367; GEMS says it answers within **7 working days**, and the next step is its **Dispute Committee** (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

Who can join GEMS medical aid?

Only people employed in the public service, with their dependants: GEMS is a restricted scheme (CMS register, 31 March 2026; GEMS fact sheet).

How much is GEMS per month in 2026?

From February to December 2026, before the employer subsidy, from R1,693 per main member on Tanzanite One (salary up to R11,462) to R8,598 on Onyx (salary above R36,779).

What are the GEMS options in 2026?

Six: Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx.

Does the government pay my GEMS contribution?

Your employer pays a subsidy. The 2026 brochure says qualifying employees on salary levels 1 to 5 may receive up to 100%; HR confirms your amount.

Did GEMS reduce its contributions in July 2026?

No. GEMS proposed a 7.5% average increase from 1 July 2026, but the CMS did not approve it, so the 9.5% increase in force since 1 February 2026 stays (GEMS, 30 June 2026).

How do I complain to GEMS?

E-mail Complaints@gems.gov.za or call 0860 00 4367, then the GEMS Dispute Committee, then the Council for Medical Schemes.

Chapter 2

POLMED medical aid in 2026: Marine and Aquarium, what SAPS members pay by income band, claims and complaints

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

Short answer Checked 31 October 2026

POLMED (South African Police Service Medical Scheme) is a **closed (restricted) scheme** for SAPS members and their dependants. It has **two options, Marine and Aquarium**, priced by **monthly income band**, and its contribution year runs **1 April to 31 March**. From **1 April 2026** the member's own share is **R127 to R590** a month for a main member on Aquarium and **R515 to R1,627** on Marine; the full, unsubsidised contribution is **R1,489 to R2,006** (Aquarium) and **R3,206 to R4,318** (Marine).

POLMED: the medical scheme of the SAPS

The CMS register at 31 March 2026 lists the **South African Police Service Medical Scheme (POLMED)** as **restricted** (CMS Annual Report 2025/26). POLMED describes itself as "a closed medical scheme registered under the Medical Schemes Act (Act 131 of 1998)", registration number **374**; half of its trustees are elected by members and half appointed by the National Police Commissioner (About POLMED, 2026 guide).

Only serving SAPS members and their dependants can apply: the application asks for a letter of appointment or SAP96 (2026 guide). The guide refers to "the Administrator" and to Medscheme for recoveries, and every scheme e-mail address ends in @medscheme.co.za.

POLMED contributions from 1 April 2026

The guide prints two figures for each band: what the **member** pays and the **full** contribution before the SAPS subsidy. Main member, a month, **1 April 2026 to 31 March 2027** (2026 guide, pp. 38 and 57); adult dependants pay the same as the main member:

Monthly income band	Marine — member pays	Marine — full	Aquarium — member pays	Aquarium — full
R0– R8,043	R515	R3,206	R127	R1,489
R8,044–R11,049	R713	R3,404	R138	R1,502
R11,050–R13,498	R788	R3,478	R183	R1,547
R13,499–R15,789	R929	R3,621	R226	R1,588
R15,790–R18,373	R1,084	R3,775	R267	R1,631
R18,374–R22,098	R1,241	R3,931	R308	R1,671
R22,099–R27,121	R1,368	R4,058	R382	R1,746
R27,122–R31,201	R1,484	R4,175	R446	R1,809
R31,202–R36,060	R1,511	R4,202	R474	R1,839
R36,061–R38,836	R1,540	R4,230	R493	R1,859
R38,837–R48,746	R1,568	R4,259	R578	R1,995
R48,747–R58,149	R1,597	R4,288	R584	R2,000
R58,150+	R1,627	R4,318	R590	R2,006

Child dependants, lowest to highest band:

Option	Member pays, per child	Full, per child
Marine	R128 – R713	R1,476 – R2,058
Aquarium	R54 – R222	R735 – R929

From January to March 2026 the 2025/26 table (1 April 2025 to 31 March 2026) applied. The guide adds that students aged **21 to 24** pay child rates, and adult subsidised rates from **25**.

Marine or Aquarium: the hospital rules

	Marine	Aquarium
Network	An open network applies	Subject to the POLMED network; **30%** co-payment for a non-network hospital
Hospital cover	PMB and non-PMB hospital cover unlimited	Non-PMB hospital cover limited to **R226,336**
No pre-authorisation	**R5,000** co-payment	**R5,000** co-payment

Source: POLMED 2026 guide. PMB conditions are paid in full on both options at the designated providers: Prescribed Minimum Benefits.

POLMED from April 2027

POLMED has published its Benefit Guide 2027, marked "Scheme rules are subject to approval by CMS", with tables from **1 April 2027 to 31 March 2028**: for example the Marine member share starts at **R546** (income up to R8,365) and the Aquarium member share at **R135**. It states no average percentage. Until 1 April 2027 the 2026 table above applies.

Joining and claiming

To apply, send the application form with your letter of appointment or SAP96, ID, proof of income, three months of bank statements and any previous scheme certificate to polmedmembership@medscheme.co.za, fax 0861 888 110, post (Private Bag X16, Arcadia 0007) or a regional walk-in branch (2026 guide, forms). A certificate from your last scheme limits the waiting periods it may apply (s 29A; see medical aid in South Africa).

Claims must be submitted **within 120 days** of the service: polmedcurrentclaims@medscheme.co.za, fax 011 758 7660, post or a walk-in branch (Scheme Rule 15, 2026 guide). Call centre: **0860 765 633** (0860 POLMED) (About POLMED).

Complaints and appeals

1. **Complain to POLMED first**, in writing, and keep the reference number: write to polmedappeals@medscheme.co.za, fax 0860 104 114 or call 0860 765 633 (2026 guide).
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

Who can join POLMED?

Serving members of the South African Police Service and their dependants. POLMED is a closed (restricted) scheme, registration number 374.

How much is POLMED per month in 2026?

From 1 April 2026 a main member pays R127 to R590 on Aquarium and R515 to R1,627 on Marine, depending on income; the full contributions before the subsidy are R1,489 to R2,006 and R3,206 to R4,318.

What is the difference between Marine and Aquarium?

Marine has an open network and unlimited hospital cover; Aquarium uses the POLMED network (30% co-payment outside it) and limits non-PMB hospital cover to R226,336 a year.

When do POLMED contributions change?

On 1 April each year: the 2026 table runs from 1 April 2026 to 31 March 2027.

How long do I have to submit a POLMED claim?

120 days from the date of service (Scheme Rule 15).

Chapter 3

Bankmed medical aid in 2026: who can join, the six plans and their monthly contributions by income

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

Short answer Checked 31 October 2026

Bankmed is a **restricted medical scheme** for people employed by a **participating employer** in the banking or financial services industry; it is administered by **Discovery Health (Pty) Ltd** but is a separate scheme from Discovery Health Medical Scheme. It has **six plans** in 2026. Its schedule of contributions **from 1 January 2026** runs from **R893 a month** for a main member on the **Essential Plan** (lowest income band) to **R9,644** on the **Plus Plan**; five plans are priced by income. A **9.5%** average increase is proposed for 2027, **subject to CMS approval**.

Bankmed: a restricted scheme for the banking industry

The CMS register at 31 March 2026 lists **Bankmed** as **restricted** (CMS Annual Report 2025/26). The scheme's 2026 schedule says: "Bankmed is a restricted-access medical scheme, limited to people employed by a participating employer group in the banking or financial services industry", made up of registered banks and financial service providers that have partnered with it (2026 schedule).

Bankmed "is administered by Discovery Health (Pty) Ltd", but it is a separate legal entity from Discovery Health Medical Scheme, the open scheme (our page: Discovery medical aid plans). Its registration number is **1279** (application form). At its 2027 launch it reported **224,765 beneficiaries** and **109,450 principal members**, subject to the last approved financials (launch presentation).

Bankmed contributions 2026

Monthly contributions **with effect from 1 January 2026**, by **monthly income**; children are charged for **at most three** (2026 schedule, pp. 68–69). On the three savings plans the figures include the savings account.

Plan	Monthly income	Main member	Adult dependant	Child dependant
Essential Plan	Up to R5,000 [1]	R893	R801	R224
	R5,001–R6,000	R975	R879	R255
	R6,001–R7,000	R1,078	R970	R277
	R7,001–R8,000	R1,184	R1,065	R305
	R8,001–R9,000	R1,352	R1,220	R335
	R9,001–R10,000	R1,505	R1,352	R379
	R10,001+	R1,714	R1,545	R433
Basic Plan	Up to R5,000 [1]	R1,497	R1,119	R377
	R5,001–R6,000	R1,645	R1,233	R424
	R6,001–R7,000	R1,813	R1,354	R468
	R7,001–R8,000	R1,988	R1,512	R513
	R8,001–R9,000	R2,272	R1,722	R569
	R9,001–R10,000	R2,528	R1,913	R636
	R10,001+	R2,878	R2,157	R721
Core Saver Plan	Up to R5,000 [1]	R2,447	R1,843	R614

Plan	Monthly income	Main member	Adult dependant	Child dependant
	R5,001–R6,000	R2,622	R1,969	R656
	R6,001–R7,000	R2,807	R2,106	R701
	R7,001–R8,000	R2,949	R2,211	R741
	R8,001–R9,000	R3,177	R2,389	R802
	R9,001–R10,000	R3,340	R2,511	R837
	R10,001+	R3,683	R2,756	R926
Traditional Plan	Up to R5,000 [1]	R4,096	R3,067	R1,023
	R5,001–R10,000	R4,773	R3,577	R1,199
	Above R10,000 [2]	R4,968	R3,731	R1,244
Comprehensive Plan	R0– R10,000	R5,436	R4,071	R1,367
	R10,001+	R5,661	R4,243	R1,417
Plus Plan	All incomes	R9,644	R7,221	R2,414

[1] The schedule prints this band as "> R5 000"; the next band starts at R5,001. [2] Printed "R10 000 +" for the Traditional Plan. The schedule gives the 2026 average increase as **7.4%** across all plans.

How the Bankmed plans differ

Plan	Hospitals	Savings account
Essential Plan	Essential Plan Hospital Network; limited to PMBs from a restricted network (34 hospitals removed from it in 2026)	No
Basic Plan	Basic Plan Hospital Network, more limited than the Traditional Plan's	No
Traditional Plan	Traditional Plan Hospital Network, wider than Essential and Basic	No
Core Saver Plan	Any private hospital	Yes — 10% of the gross contribution
Comprehensive Plan	Any private hospital	Yes — 15%
Plus Plan	Any private hospital	Yes — 20%

Source: plan overview and benefit tables of the 2026 schedule. PMB conditions are paid in full on every plan at the designated providers: Prescribed Minimum Benefits.

Bankmed in 2027: the proposed increases

At its 2027 launch (8 October 2026) Bankmed presented **proposed** increases "subject to CMS approval": **9.5%** on average — **5.5%** on Essential, **8.5%** on Basic, **9.8%** on Core Saver, Traditional and Comprehensive, and **9.9%** on Plus (launch presentation). The 2026 rands above apply until 1 January 2027.

How to join and claim

Membership goes **through your employer**: the 2026 application form must be signed and stamped by the employer and e-mailed with ID copies — Absa employees to pmabsateam@bankmed.co.za, FNB to pmfnbteam@bankmed.co.za, Standard Bank to pmsbsateam@bankmed.co.za, other employers to application@bankmed.co.za (application form). The scheme's late-joiner bands follow Regulation 13 (5%, 25%, 50%, 75%); work yours out with the late-joiner penalty calculator.

Network providers usually claim directly. Otherwise submit **within four months** of the service through the Bankmed app, claims@bankmed.co.za or Bankmed Claims, Private Bag X2, Rivonia 2128, with a detailed account (submit a claim). Call **0800 BANKMED (0800 226 5633)**.

Complaints

1. **Complain to Bankmed first**, in writing, and keep the reference number: e-mail enquiries@bankmed.co.za (pensioners: pensioners@bankmed.co.za) or post to Complaints Bankmed, Private Bag X2, Rivonia 2128; Bankmed says it answers written complaints **within 30 days** (contact us).
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

Who can join Bankmed?

People employed by a participating employer group in the banking or financial services industry, with their dependants. Bankmed is a restricted scheme.

How much is Bankmed per month in 2026?

From 1 January 2026, from R893 per main member on the Essential Plan (lowest income band) to R9,644 on the Plus Plan.

Is Bankmed the same as Discovery Health Medical Scheme?

No. Bankmed is administered by Discovery Health (Pty) Ltd but is a separate legal entity and a restricted scheme; Discovery Health Medical Scheme is an open scheme.

How much will Bankmed increase in 2027?

A 9.5% average is proposed, from 5.5% (Essential) to 9.9% (Plus), subject to CMS approval (launch presentation, 8 October 2026).

Which Bankmed plans have a medical savings account?

Core Saver (10% of the gross contribution), Comprehensive (15%) and Plus (20%).

Chapter 4

Profmed medical aid in 2026: who qualifies, the ten options and what each costs a month

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

Short answer Checked 31 October 2026

Profmed is a **restricted medical scheme** for **professionals** — people with a tertiary qualification working in a profession recognised by Statistics South Africa — administered by **PPS Healthcare Administrators**. In 2026 it offers **ten options**: five **Premium** and five cheaper **Savvy** versions that use a smaller hospital network. Its schedule for **1 January to 31 December 2026** runs from **R1,078 a month** for a main member on **ProSelect Savvy** (household income up to R20,000) to **R14,634** on **ProPinnacle**. No option has a medical savings account.

Profmed: a restricted scheme for professionals

The CMS register at 31 March 2026 lists **Profmed** as **restricted** (CMS Annual Report 2025/26). Under rule **6.1** of its rules, membership is restricted to a person "who is or was employed in a profession, or who is a Member of a profession, as recognised in Section 2 of the Occupational Classification of All Economic Activities as published by Statistics South Africa", and to the full-time staff of Profmed and PPS (scheme rules). Its 2026 summary puts it simply: if you have a tertiary qualification and relevant professional experience, you qualify (Benefits at a Glance 2026).

The administrator and managed care provider is **Professional Provident Society Healthcare Administrators (PPSHA)**. The **PPS Wallet** is an optional savings account kept outside the options: none of the ten options includes a medical savings account (Benefits at a Glance 2026).

Profmed contributions 2026

Monthly contributions for **1 January to 31 December 2026**, from the scheme's Schedule of Benefits 2026, p. 6. Each Premium option sits above its Savvy version. Adult dependant rates apply from 21; on ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) you pay for **at most three children**.

Option	Principal member	Adult dependant	Child dependant
ProPinnacle	R14,634	R13,574	R4,390
ProPinnacle Savvy	R13,534	R12,554	R4,061
ProSecure Plus	R7,780	R7,197	R3,032
ProSecure Plus Savvy	R7,002	R6,479	R2,730
ProSecure	R6,314	R5,847	R2,468
ProSecure Savvy	R5,684	R5,262	R2,220
ProActive Plus	R3,516	R3,239	R1,370
ProActive Plus Savvy	R3,164	R2,914	R1,235
ProSelect	R2,754	R2,700	R1,138
ProSelect Savvy — household income up to R20,000 [1]	R1,078	R1,355	R825
ProSelect Savvy — above R20,000	R2,477	R2,290	R965

[1] The lower ProSelect Savvy band needs proof of household earnings, and its adult dependant rate (R1,355) is printed higher than the principal member's (R1,078). For 2027 the scheme raises this income threshold to **R40,000** a month (Profmed 2027).

Premium or Savvy: the hospital networks

Options	Hospitals, as the 2026 schedule prints it
ProPinnacle, ProSecure Plus, ProSecure, ProActive Plus (Premium)	Any hospital of your choice; a day-procedure network applies on ProSecure Plus, ProSecure and ProActive Plus (**R5,000** co-payment at a non-network day hospital)
ProSelect	ProSelect network (800+ facilities); voluntary use of another hospital: **R14,000** co-payment (R5,000 for a specified day procedure)
The five Savvy options	Savvy network (100+ facilities); voluntary use of another hospital: **R14,000** co-payment (R5,000 for a specified day procedure)

The co-payments are "subject to PMB legislation" (2026 schedule, p. 4): see Prescribed Minimum Benefits.

Profmed in 2027

Profmed has published its 2027 schedule (1 January to 31 December 2027), "subject to ratification by the Council for Medical Schemes", with benefit limits up **4.25%**; it states no average contribution increase (Profmed 2027).

Joining and claiming

Send the application form with **proof of your degree or qualification and profession** to applications@profmed.co.za, or apply online; join line **0800 334 733** (contact). The waiting periods of section 29A and late-joiner penalties apply as on any scheme: see medical aid in South Africa and the late-joiner penalty calculator.

Claims: e-mail the account to claims@profmed.co.za, upload it in the Profmed app or post it to Private Bag X1031, Lyttelton 0140. "Claims not submitted within **4 months** of the date of service are considered stale and cannot be paid" (how to claim).

Complaints

1. **Complain to Profmed first**, in writing, and keep the reference number: call the contact centre on **0860 679 200** within six months, then write to the Principal Officer; the scheme aims to deal

with it **within 30 days**, and its Dispute Committee hears what remains (rule 30, scheme rules).

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

Who can join Profmed?

Professionals: under rule 6.1, people employed in or members of a profession recognised by Statistics South Africa's occupational classification — in practice, a tertiary qualification and professional experience.

How much is Profmed per month in 2026?

From R1,078 per principal member on ProSelect Savvy (household income up to R20,000) to R14,634 on ProPinnacle, for 1 January to 31 December 2026.

What is the difference between Profmed Premium and Savvy?

Savvy options use the smaller Savvy hospital network (100+ facilities) at a lower contribution; using another hospital voluntarily costs a R14,000 co-payment for a planned admission.

Does Profmed have a medical savings account?

No option includes one. The PPS Wallet is an optional, separate savings account.

Who administers Profmed?

PPS Healthcare Administrators (PPSHA), the appointed administrator and managed care provider.

Chapter 5

Fedhealth medical aid in 2026: flexiFED, myFED, sureFED and maxima — every option's monthly contribution

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

Short answer Checked 31 October 2026

Fedhealth Medical Scheme is an **open scheme** (CMS registration 1202) administered by **Medscheme Holdings**. Its 2026 range has the **flexiFED** options (1 to 4 and Savvy), each as a **Hospital Plan** or a **Savings Plan** and, for most, in cheaper **GRID** (network) or **Elect** (R15,950 co-payment on planned admissions) versions; **myFED**, priced by income; **sureFEDEssential** and **sureFEDPlus**; and **maxima EXEC** and **maxima PLUS**. Its own 2026 guides run from **R1,155 a month** for a main member on **flexiFEDSavvy** to **R19,393** on **maxima PLUS**.

Fedhealth: an open scheme since 1936

Fedhealth is on the CMS register as an **open** scheme (CMS Annual Report 2025/26); its financial statements give CMS registration number **1202** and name **Medscheme Holdings (Pty) Ltd** as administrator (2025 financial statements). The same statements count **61,589 members and 108,182 beneficiaries** at the end of 2025, up from 56,018 and 100,357 a year earlier, with **flexiFED 1** the largest option (15,367 members).

Fedhealth charges **at most three children** (the fourth and later are free) and applies child rates **up to age 27** (flexiFED guide).

flexiFED contributions 2026: Hospital Plan or Savings Plan

Gross monthly contributions from the 2026 rates guides (Hospital Plans, p. 9, Savings Plans, p. 9). The Hospital Plan figures are printed as "starting from" and include a nominal savings amount; the Savings Plan figures are the total of risk and savings.

Option	Hospital Plan: main	adult	child	Savings Plan: main	adult	child
flexiFEDSavvy	R1,155	R1,155	R849	R1,600	R1,155	R849
flexiFED 1	R2,630	R2,061	R963	R3,062	R2,401	R1,122
flexiFED 1Elect	R2,051	R1,602	R747	R2,490	R1,947	R909
flexiFED 2	R4,147	R3,690	R1,224	R4,845	R4,312	R1,432
flexiFED 2GRID	R3,719	R3,315	R1,098	R4,420	R3,940	R1,306
flexiFED 2Elect	R3,104	R2,775	R922	R3,810	R3,403	R1,131
flexiFED 3	R4,946	R4,531	R1,753	R5,785	R5,300	R2,051
flexiFED 3GRID	R4,436	R4,068	R1,573	R5,278	R4,839	R1,872
flexiFED 3Elect	R3,705	R3,398	R1,314	R4,550	R4,174	R1,615
flexiFED 4	R6,620	R6,042	R1,991	R7,941	R7,248	R2,388
flexiFED 4GRID	R5,931	R5,424	R1,787	R7,255	R6,632	R2,186
flexiFED 4Elect	R4,958	R4,620	R1,521	R6,285	R5,832	R1,921

Version	What changes, as the guides print it
GRID	Planned procedures at the GRID hospital network, for a contribution about **10%** lower; **30%** co-payment if you choose a non-network hospital
Elect	A fixed **R15,950** co-payment on planned admissions, for a contribution about **25%** lower
flexiFEDSavvy, flexiFED 1	Their own hospital networks (flexiFEDSavvy: **30%** co-payment for a non-network hospital)

myFED, sureFED and maxima

myFED is priced by **monthly income**, uses the myFED hospital network and a nominated contracted GP (myFED guide, p. 4):

myFED income band	Main member	Adult dependant	Child dependant
R1– R11,063	R1,719	R1,719	R779
R11,064– R15,617	R1,971	R1,971	R931
R15,618– R21,651	R2,453	R2,453	R966
R21,652+	R4,052	R4,052	R1,281

The other options (Traditional guide, Executive guide): sureFED options have **no savings account** and unlimited hospital cover at the sureFED network; maxima options include savings (maxima EXEC R1,044 a month for the main member, maxima PLUS R644).

Option	Main member	Adult dependant	Child dependant
sureFEDEssential	R1,940	R1,845	R870
sureFEDPlus	R3,565	R3,115	R999
maxima EXEC	R12,273	R10,653	R3,792
maxima PLUS	R19,393	R16,739	R5,992

Emergencies and PMBs are paid on every option under the law: Prescribed Minimum Benefits.

Joining and claiming

Apply through an accredited broker, the quote tool on fedhealth.co.za, or the 2026 application form e-mailed to newapps@fedhealth.co.za; the form warns of a possible **3-month general** and **12-month condition-specific** waiting period and a late-joiner penalty (application form). Rules and table: medical aid in South Africa.

Most providers claim directly. Otherwise use the Fedhealth Family Room, WhatsApp, the member app or claims@fedhealth.co.za; claims must be **received within four months** of treatment (how to claim). Contact centre **0860 002 153**, member@fedhealth.co.za (support).

Fedhealth in 2027

Fedhealth published its 2027 rates and benefits guides in September 2026 (flexiFED Hospital Plans 2027); it states no average increase. The 2026 figures above apply until 1 January 2027.

Complaints

1. **Complain to Fedhealth first**, in writing, and keep the reference number: contact the contact centre on 0860 002 153 or member@fedhealth.co.za; its dispute-resolution page then refers members to the Council for Medical Schemes (support).
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 Fedhealth per month in 2026?
From R1,155 per main member on the flexiFEDSavvy Hospital Plan to R19,393 on maxima PLUS, according to Fedhealth's 2026 rates guides.

What is the difference between flexiFED GRID and Elect?
GRID uses a hospital network for planned procedures (about 10% cheaper, 30% co-payment outside it); Elect keeps the hospital choice but charges a fixed R15,950 co-payment on planned admissions (about 25% cheaper).

Is Fedhealth an open medical scheme?

Yes. It is on the CMS register as an open scheme, registration number 1202, administered by Medscheme Holdings.

How many children do I pay for on Fedhealth?

At most three; the fourth and later children are covered free, and child rates apply up to age 27.

How long do I have to submit a Fedhealth claim?

Claims must be received within four months of the treatment date.

Chapter 6

Medshield medical aid in 2026: the ten options, their monthly contributions and hospital networks

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

Short answer Checked 31 October 2026

Medshield Medical Scheme is an **open scheme** that describes itself as **self-administered**. In 2026 it has **ten options**: MediCurve, MediPhila, MediValue (Prime and Compact), MediCore, MediPlus (Prime and Compact), MediSaver, MediBonus and PremiumPlus. Its own 2026 benefit guides run from **R1,821 a month** for a main member on **MediCurve** to **R9,489** on **PremiumPlus**. Most options use the **Prime** or **Compact** hospital network, with a **30% upfront co-payment** outside it; only MediSaver and PremiumPlus include savings.

Medshield: an open, self-administered scheme

Medshield is on the CMS register as **open** (CMS Annual Report 2025/26). At its July 2026 AGM it called itself the "3rd largest self-administered open medical scheme", established in **1968**, with **74,702 principal members** and **145,592 beneficiaries** at 31 December 2025 and a **53%** solvency ratio (the legal minimum is 25%) (AGM presentation). Hospital authorisations and hospital claims are handled by its partner **Medscheme** (086 000 2121) (MediValue guide).

For 2026 the scheme announced a **7.5%** weighted average increase, with 71.6% of members on 7% (media release).

Medshield contributions 2026

Monthly contributions from p. 3 of each 2026 benefit guide, richest option first. Children are charged for at most three on MediBonus, MediCore, MediPlus, MediSaver, MediValue and PremiumPlus; a child dependant is under 21 (or a student under 28) in 2026.

Option	Main member	Adult dependant	Child dependant	Hospitals
PremiumPlus	R9,489	R8,691	R1,815	Open network; savings
MediBonus	R9,015	R6,330	R1,878	Open network
MediPlus Prime	R5,436	R3,879	R1,218	Prime network
MediSaver	R5,376	R4,452	R1,311	Prime network; savings
MediPlus Compact	R4,938	R3,522	R1,113	Compact network
MediCore	R4,278	R3,618	R987	Compact network
MediValue Prime	R3,207	R2,802	R906	Prime network
MediValue Compact	R2,907	R2,541	R816	Compact network
MediPhila	R2,145	R2,145	R558	Compact network; MediPhila network GP
MediCurve	R1,821	R1,821	R483	Compact network

On the network options, using a hospital outside the **Prime** or **Compact** network means a **30% upfront co-payment**, except in an emergency and for PMBs (MediCurve guide, MediValue guide). MediSaver allocates **R9,672** a year of savings to the principal member, PremiumPlus **R28,464**. What PMBs guarantee: Prescribed Minimum Benefits.

Medshield in 2027

Medshield has published 2027 contribution sheets, dated September 2026 and "subject to CMS approval": for example MediCurve **R1,929**, MediValue Prime **R3,465** and PremiumPlus **R10,428** per main member, and the child dependant age rises from **21 to 24** (2027 options). It states no average percentage.

Joining and claiming

Apply through the Join Now or Get a Quote forms on medshield.co.za, a broker, or the member application form e-mailed to newapplication@medshield.co.za; the scheme allows option changes only with effect from **1 January**. Waiting periods follow section 29A: see medical aid in South Africa and the late-joiner penalty calculator.

Hospital claims: Medscheme, **086 000 2121**, hospitalclaims@medshield.co.za. Contact centre **086 000 2120**, member@medshield.co.za, WhatsApp 060 042 7274 (MediValue guide).

Complaints

1. **Complain to Medshield first**, in writing, and keep the reference number: e-mail complaints@medshield.co.za; an appeal or dispute goes to the Principal Officer at POqueries@medshield.co.za (complaints escalation).
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 Medshield per month in 2026?

From R1,821 per main member on MediCurve to R9,489 on PremiumPlus, according to the scheme's 2026 benefit guides.

What is the difference between Medshield Prime and Compact?

The hospital network: MediValue and MediPlus come in a Prime and a cheaper Compact version, and a non-network hospital costs a 30% upfront co-payment.

Which Medshield options have a savings account?

MediSaver (R9,672 a year for the principal member) and PremiumPlus (R28,464).

Is Medshield an open scheme?

Yes, it is on the CMS register as an open scheme and describes itself as self-administered.

How do I complain to Medshield?

E-mail complaints@medshield.co.za, then the Principal Officer at POqueries@medshield.co.za, then the Council for Medical Schemes.

Chapter 7

KeyHealth medical aid in 2026: the six options, what each costs a month and the hospital network

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

Short answer Checked 31 October 2026

KeyHealth Medical Scheme is an **open scheme** for private individuals, employer groups and **local government** employees, administered by **PPS Healthcare Administrators** (annual report 2025). It has **six options** in 2026 — Essence, Origin, Equilibrium, Silver, Gold and Platinum — with **one rate for every income level**. Its 2026 premiums table runs from **R2,393 a month** for a main member on **Essence** to **R13,840** on **Platinum**. Planned admissions use its **DSP hospital network**, with a **30% co-payment** elsewhere.

KeyHealth: an open scheme, also for local government

KeyHealth is on the CMS register as **open** (CMS Annual Report 2025/26). Its 2026 member guide says membership "is available to private individuals and employer groups, including local government employees", and that it is one of four schemes accredited to operate in local government (Member Guide 2026).

Its annual report 2025 names **PPS Healthcare Administrators** as administrator and counts **34,154 principal members** and **71,987 beneficiaries** at 31 December 2024, Equilibrium being the largest option (annual report). The CMS lists KeyHealth among the four schemes it inspected routinely in 2025/26 and reported positive feedback from them (CMS Annual Report 2025/26).

KeyHealth premiums 2026

Monthly contributions from KeyHealth's "Premiums for 2026" table, the same for every income level (2026 premiums). Equilibrium and Gold include savings (Equilibrium R240, Gold R763 a month for the main member). On Equilibrium and Silver, children are charged for at most three.

Option	Main member	Adult dependant	Child dependant	Savings
Essence	R2,393	R1,918	R862	No
Origin	R2,633	R1,876	R859	No
Equilibrium	R3,296	R2,035	R1,014	Yes
Silver	R5,857	R3,152	R1,224	No
Gold	R8,675	R5,867	R1,705	Yes
Platinum	R13,840	R9,704	R2,924	No

Local government employees pay the same totals, with an employer contribution based on a **60% subsidy** up to **R5,791.15** a month (local government schedule).

The KeyHealth hospital network

The scheme's option pages describe a **designated service provider (DSP) hospital network**: Life Healthcare and Netcare hospitals nationally, plus selected Mediclinic hospitals (Western Cape, Bloemfontein, Polokwane) and other selected hospitals; voluntary use of another hospital means a **30% co-payment**. On **Platinum**, any Netcare or Life Healthcare hospital (Essence 2026). PMB conditions are paid in full at the DSPs: Prescribed Minimum Benefits.

KeyHealth in 2027

KeyHealth has published its "Premiums for 2027": per main member, Essence **R2,616**, Origin **R2,842**, Equilibrium **R3,575**, Silver **R6,352**, Gold **R9,409** and Platinum **R15,211** (2027 premiums). It states no average percentage.

Joining and claiming

Apply online through the private member application on keyhealthmedical.co.za (a sales consultant then calls to complete it), through your local government employer or a broker; option changes take effect on **1 January**. The scheme applies the waiting periods of section 29A (3 months general, 12 months condition-specific) and late-joiner penalties after 35: see medical aid in South Africa.

Providers usually claim electronically. If you paid, mark the account "Refund Member" and post it with the receipt to KeyHealth, PO Box 14145, Lyttelton 0140, or use the online form; only claims received **within 4 months** of treatment are processed (claims). Client service centre **0860 671 050**.

Complaints

1. **Complain to KeyHealth first**, in writing, and keep the reference number: e-mail info@keyhealthmedical.co.za; the Principal Officer replies in writing **within 30 days**, and the Disputes Committee hears unresolved benefit or contribution disputes (complaints process).
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 KeyHealth per month in 2026?

From R2,393 per main member on Essence to R13,840 on Platinum, the same at every income level (KeyHealth premiums for 2026).

What are the KeyHealth options?

Six: Essence, Origin, Equilibrium, Silver, Gold and Platinum.

Which hospitals can I use on KeyHealth?

Its DSP network — Life Healthcare and Netcare nationally plus selected Mediclinic and other hospitals; elsewhere a 30% co-payment applies to planned admissions. Platinum covers any Netcare or Life Healthcare hospital.

Can municipal employees join KeyHealth?

Yes. KeyHealth is accredited to operate in local government; the employer subsidy is based on 60% up to R5,791.15 a month.

How much will KeyHealth cost in 2027?

Its published 2027 table runs from R2,616 (Essence) to R15,211 (Platinum) per main member.

Chapter 8

Sizwe Hosmed medical aid in 2026: the curatorship, the eight options and what each costs a month

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

Short answer Checked 31 October 2026

Sizwe Hosmed Medical Scheme is an **open medical scheme** that has been **under curatorship** since a High Court order of **3 September 2025**; on **21 October 2026** the curator applied to extend it to **3 September 2027**, and the scheme says the extension does not change benefits, contributions or cover. It has **eight options**. Its 2026 table (in force since **1 November 2025**) runs from **R3,161 a month** for a main member on **Access Core** to **R11,737** on **Titanium Executive**, before any employer subsidy.

Sizwe Hosmed under curatorship: what it means

Sizwe Hosmed is on the CMS register as an **open** scheme (CMS Annual Report 2025/26). The CMS reported that it was placed under **curatorship** and that, on unaudited figures at 31 December 2025, its solvency was **14.07%**, against the **25% minimum** of Regulation 29.

From the scheme's notice to members (court papers, published 27 October 2026):

- the High Court in Pretoria ordered the curatorship on **3 September 2025** and confirmed it on **9 October 2025**; **Ian Fleming** was appointed curator on **11 February 2026**;
- on **21 October 2026** the curator, with the Registrar's agreement, applied to extend the curatorship to **3 September 2027**; members may apply to be heard until **18 November 2026**;
- the notice states that the extension "does not change your benefits, your contributions or your cover. Claims will continue to be paid as they are now";
- the scheme has been **self-administered since 1 September 2026**, after its previous administrator reported financial distress, and must be accredited as its own administrator, or appoint one, by **30 April 2027**.

On **30 October 2026** the curator reported that the remaining medical savings account refunds of **R92 million** were settled and that **R222 million** had been paid to **13,883 former members** since he took over (curator's update).

Sizwe Hosmed contributions 2026

The scheme's "100% Contribution Table for 2026" (you pay for at most three children), from its 2026 Member Summary Guide, p. 8. Its contribution adjustments show the same figures as effective from **1 November 2025**. Where an employer subsidises, the member pays less.

Option	Main member	Adult dependant	Child dependant	Savings account
Essential Copper	R3,625	R3,625	R1,255	No
Access Core (Hospital Plan)	R3,161	R2,726	R636	No
Access Saver	R3,911	R3,378	R785	Yes
Gold Ascend EDO	R4,249	R4,077	R1,171	No
Gold Ascend	R4,468	R4,291	R1,234	No
Value Platinum Core	R6,363	R6,094	R1,624	Yes
Value Platinum	R6,696	R6,287	R1,834	Yes
Titanium Executive	R11,737	R10,385	R2,399	Yes

Networks, from the scheme's 2026 plan brochures: Essential Copper is an entry-level network plan with in-hospital cover limited to PMBs; Access Core is limited to PMBs at designated network hospitals; Access Saver pays hospital benefits at designated service providers; Gold Ascend and Value Platinum use any hospital, while Gold Ascend EDO and Value Platinum Core use the scheme's network hospitals. PMB rules: Prescribed Minimum Benefits.

Sizwe Hosmed in 2027

The scheme has published 2027 tables **effective 1 January 2027**, valid once approved by the Registrar: for example Access Core **R3,430** and Titanium Executive **R12,641** per main member, and a new entry-level income band (R0 – R1,650) on Essential Copper at **R700** per beneficiary (2027 tables). It states no average percentage.

Joining, leaving and claiming

To join, complete the member application form from the scheme's Join Now page and e-mail it to membership@sizwehosmed.co.za; general line **0860 100 871**. The curator's notice gives an open period from **1 October to 31 December 2026** in which members may leave and former members may return (notice). Waiting periods follow section 29A: see medical aid in South Africa.

Submit claims **within four months** of treatment, with the provider's practice number, the treatment date, amount, tariff and ICD-10 codes, to Claims@sizwehosmed.co.za (2026 guide).

Complaints

1. **Complain to Sizwe Hosmed first**, in writing, and keep the reference number: e-mail the Principal Officer at PO@sizwe-hosmed.co.za, who answers in writing **within 30 days**; then the scheme's Disputes Committee. Questions about the curatorship: curatorship@sizwe-hosmed.co.za (complaints process).
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

Is Sizwe Hosmed still operating?

Yes. It is under curatorship by High Court order (3 September 2025), and the curator states that claims continue to be paid. An extension to 3 September 2027 was applied for on 21 October 2026.

Does the curatorship change my Sizwe Hosmed benefits?

The scheme's notice to members says the extension "does not change your benefits, your contributions or your cover".

How much is Sizwe Hosmed per month in 2026?

From R3,161 per main member on Access Core to R11,737 on Titanium Executive (100% table, before any employer subsidy).

Is Sizwe Hosmed an open scheme?

Yes, it is on the CMS register as an open scheme, so anyone may apply.

How do I complain about Sizwe Hosmed?

E-mail the Principal Officer at PO@sizwe-hosmed.co.za (reply within 30 days), then the Disputes Committee, then the Council for Medical Schemes.

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Chapter 2: POLMED medical aid in 2026: Marine and Aquarium, what SAPS

members pay by income band, claims and complaints

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