

Aon Member Letter

Discovery Health Medical Scheme (DHMS) 2026

Dear Aon Client

At Aon, we shape decisions for the better – to protect and enrich the lives of people around the world.

It is important that at this time of the year you evaluate your current healthcare arrangements to ensure the most appropriate cover for 2026. Whether you wish to remain on your current option or change to a more suitable option for 2026, it remains Aon's responsibility to guide you through the review process. This will ensure that you make an informed decision regarding your healthcare cover for 2026.

We have pleasure in sharing the bespoke on-line Microsite platform for Lancet Lab. This tool has been developed to provide you with essential information such as a voice recorded year-end presentation, a high-level presentation with an overview of the benefits and contributions launched by the medical scheme, member letter, alert, brochures, etc. to assist you in making informed decisions regarding your medical scheme and gap cover requirements.

🔗 Access the Microsite here: [Lancet](#)

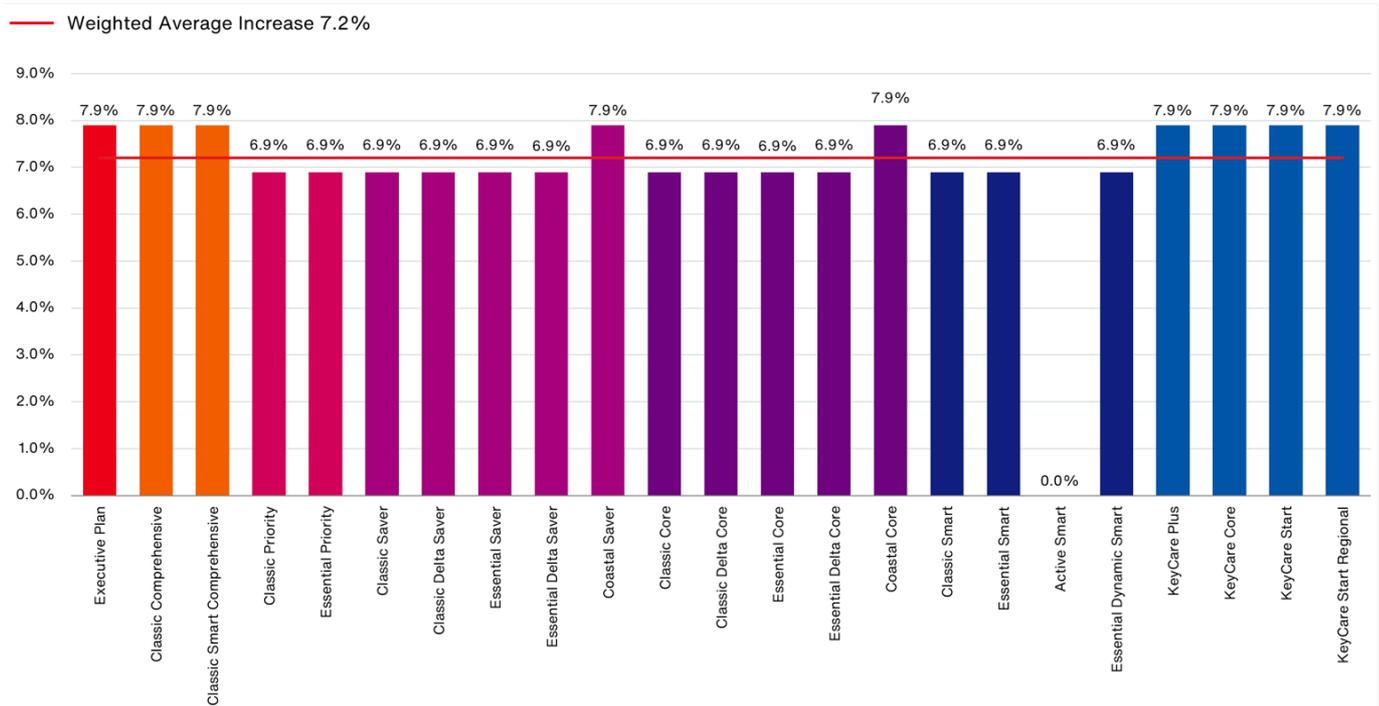
The information provided in this letter is a summary of changes as announced by DHMS. For more detailed information and clarity on your benefits and contributions, please contact your Healthcare consultant or access the Aon Microsite.

Benefits and Contributions Update for 2026

What is the contribution increases for 2026?

DHMS has announced a **deferred contribution** increase for 2026. This means members will continue to pay their 2025 contributions until 31 March 2026, with the increase only taking **effect from 1 April 2026**. From 1 April, contributions will increase by a **weighted average of 7.2%** with 65% of members experiencing the lower 6.9% increase. DHMS announced that members on the **Active Smart plan will have no increase** for 2026. Contributions for the balance of members will increase by 7.9%.

The increase per option is depicted in the following graph:



Plan changes (downgrades and upgrades) will be allowed on 1 January 2026 as well as 1 April 2026.

Please click on the Microsite link shared on the previous page to access the 2026 contribution table which includes Annual Medical Savings and Threshold amounts.

Key Benefit changes

Surgical Benefit Changes

From 2026, DHMS has introduced new benefit limits for certain high-cost procedures, namely:

- Cochlear processors'** upgrade limit will be R190 000. A limit of R150 000 will apply for **Bone-anchored hearing aids**, with a limit of R78 000 for processor upgrades if members use a non-network supplier. The device will be covered in full where a network provider is used. It should be noted that bone-anchored hearing aid and processor upgrades applies to all plans except Essential Smart, Essential Dynamic Smart, Active Smart and KeyCare plans.
- Drug-eluting balloons:** Full cover when using a network provider, otherwise limited to R13 800 per admission on all plans.
- Shoulder prosthesis:** Full cover when using a network provider, otherwise a limit of between R46 000 and R53 000 will apply, depending on the member's chosen health plan. On Essential Smart, Essential, Dynamic Smart, Active Smart and KeyCare plans joint replacements are covered at Prescribed Minimum Benefit (PMB) level of care only.

- **Oncology Innovation Benefit**

The Oncology Innovation Benefit provides cover for a specific list of non-PMB high-cost cancer medicines, including immunotherapies, monoclonal antibodies, and targeted therapies for certain conditions. DHMS will cover 11 molecules across 20 conditions. A co-payment on treatment will apply across all molecules and conditions. The following adjustments will take effect from 2026:

- Members on the Comprehensive Series will have a 50% co-payment on treatment.
- Members on the Executive Plan will have a 30% co-payment on treatment.

These co-payments will apply only to new treatment plan approvals from 2026. Existing treatment plans will continue with the same co-payment structure as in 2025.

- **Oncology Benefit**

From 2026, an additional **palliative care consultation** will form part of the Oncology basket of care. **ICON** will serve as the Designated Service Provider (DSP) for Oncology within the **Delta, Smart, and Coastal** plans.

- **Care Programmes for KeyCare - Encouraging coordinated care on KeyCare plans.**

Members with **chronic conditions** are at higher risk of poor health outcomes and hospital admissions. Evidence shows that using a single GP for care coordination can reduce hospital admissions by 24%.

Based on the significant opportunity to improve health outcomes through care coordination, the following changes will be made to the KeyCare series for 2026:

- KeyCare members registered on the Discovery Health Care Programme in 2026 will receive full cover (100% of the Discovery Health Rate) for all approved chronic condition benefits.
- Members not registered will receive 80% cover, with the remaining co-payment payable by the member.

This applies to members with **major depression** (as a Prescribed Minimum Benefit) and those on the **Chronic Illness Benefit** for **diabetes, hypertension, hyperlipidaemia, ischaemic heart disease, and HIV**.

Benefit Enhancements

- **Personal Health Pathways**

The **Personal Health Fund (PHF)** was first introduced in 2025 as part of Discovery's new **Personal Health Pathways (PHP) programme**. The idea is to reward members for looking after their health. By completing important health checks, tracking healthy activities, and managing conditions, members earn money that is paid into the Personal Health Fund.

This **fund could then be used to pay for day-to-day healthcare costs** — like GP visits, Specialists, medicine, blood tests, X-rays, etc — giving members additional financial support on top of their normal plan benefits. When you claim, Discovery pays from the PHF first, helping members to stretch their Medical Savings Account further. The more health actions you complete, the more money is added into your PHF depending on the specific limits set per plan.

For 2026, Discovery has made the PHF even more valuable, with **upfront advances, higher annual limits, and new ways to earn:**

- **Upfront Advance:** From 1 January 2026, adults who did their Health Check in 2025 and activated sleep and activity tracking will each receive an advance of R1 000 into their PHF to start the year.
- **Higher Limits:** The amount in the PHF can be increased from 2026 — up to R24 000 per policy per year, depending on your plan. This is more than double than what was available in 2025.
- **Earning from Health Actions:** Every health action you complete (like screenings, exercise, or sleep tracking) adds money to your PHF. Adults can earn up to R500 per action up to the set limit per plan type.
- **Weekly Earnings:** Once you've done your key actions, you can keep building your PHF by earning R100 per week for activity or sleep tracking.
- **Children's Allocation:** If all adults on the plan complete at least two health actions each, extra funds are unlocked for children (up to R1 500 per child).

Additional value in 2026:

- **Personal Health Challenges:** Members can join time-bound health challenges (5–10 weeks). Completing these challenges adds up to R1 500 extra per challenge up to a specific limit per adult per year, allowing adults to double their annual PHF earnings.
 - DHMS has also introduced the **Sleep actions & rewards** programme: Members track their Vitality Sleep Score (via phone, watch, or Oura ring) and receive weekly sleep goals. Achieving these goals earns rewards like coffees, smoothies, or Discovery Miles.
- **KeyCare Start Regional – Regional Hubs**

To improve access to healthcare under the KeyCare Start plan, three new healthcare delivery systems will open in **Potchefstroom, Welkom, and Kimberley** in 2026. KeyCare Start members will now have access to a total of 24 healthcare delivery systems across South Africa.

Benefit Limit Increases

- **Limits, co-payments, deductibles and thresholds**

Benefit limits, co-payments and deductibles will increase in line with inflation except for the following benefits:

- Personal Health Fund (except for the Executive and Comprehensive plans)
- Oncology Benefit thresholds
- Specialised Medicine and Technology Benefit
- International Travel Benefit
- Overseas Treatment Benefit
- Surgical and appliance items which include the following limits:
- External medical appliances, including hearing aids and the KeyCare mobility benefit.
- Cardiac stents (except for drug eluting stents on the KeyCare plans)

- **Annual Thresholds** will increase in line with the relevant contribution increase.

Benefit Updates

- Annual updates to **chronic illness formularies** and **chronic drug** amounts will be applied.
- Annual **Medical Savings Account (MSA)** will be allocated on 1 January 2026 based on the 2025 contributions, with additional MSA allocated on 1 April 2026 with the contribution increase.

New Benefits

- **Home-Based Virtual Care for the Elderly**

Members who are 65 years and older and at higher risk of being admitted to hospital after visiting the emergency department will have access to a defined set of home-based care services from 2026. This will include, but is not limited to:

- Virtual consultations as an alternative to visiting an Emergency Department.
- Virtual health coaching provided by trained healthcare professionals, focusing on care coordination, health education, and support with enrolment and adherence to the Medical Scheme's Care Programmes.

- **Supporting Families After Pregnancy**

- **Nurture at Home**

The **Nurture at Home benefit** is designed to give **intensive support** to parents whose newborns spent an **extended period in the Neonatal Intensive Care Unit (NICU)** due to premature birth or complications. It helps families manage **discharge, development, and emotional needs** for vulnerable babies.

For newborns who spent **seven or more days in the NICU**, parents receive a support basket that includes:

- Pre-discharge overnight stay in the hospital for a parent
- Virtual health coaching sessions
- Home visits by a Smart and Active nurse
- Mental health support
- Follow-up Paediatrician visits

This benefit is available on **most DHMS plans, excluding** Essential Smart, Essential Dynamic Smart, Active Smart, and all KeyCare plans. Access to this benefit depends on **clinical criteria, treatment guidelines, and managed care protocols**.

○ **Perinatal Bereavement Counselling**

Recognising that pregnancy and infant loss is a unique kind of grief, this benefit offers specialised, trauma-informed counselling for affected families.

DHMS members who have experienced a pregnancy loss, stillbirth, or the loss of a baby immediately after birth can access this support through the **Women’s Health Hub integration**.

New Plan

Smart Saver Series

In 2026, DHMS will be introducing the new **Smart Saver Series** with two plans, namely the **Classic Smart Saver** and the **Essential Smart Saver**. These plans were designed specifically for young and growing families. It blends strong hospital cover with guaranteed day-to-day benefits and flexible funding.

The benefits include:

BENEFIT	CLASSIC SMART SAVER	ESSENTIAL SMART SAVER
Medical Savings Account (MSA)	A MSA of R2 820 for the main member, R2 388 per adult and R1 176 per child	A MSA of R2 316 for the main member, R1 980 per adult and R756 per child
Personal Health Fund	Up to R2 500 per adult and R1 250 per child, up to a maximum of R10 000 per family per year. An additional boost value up to R2 500 per adult for completing challenges in Personal Health Pathways, up to a maximum of R10 000 per family	Up to R1 500 per adult and R750 per child, up to a maximum of R6 000 per family per year. An additional boost value up to R1 500 per adult for completing challenges in Personal Health Pathways, up to a maximum of R6 000 per family
GP Consultations	Unlimited Smart GPs consultations, with a co-payment of R75 per visit	Unlimited Smart GPs consultations, with a co-payment of R130 per visit
Virtual GP Consultations	Unlimited virtual Smart GP consultations covered in full	Unlimited virtual Smart GP consultations covered in full
Optometry	An eye-test at a network optometrist, with a co-payment of R75	An eye-test at a network optometrist, with a co-payment of R130

BENEFIT	CLASSIC SMART SAVER	ESSENTIAL SMART SAVER
Dentistry	A dental check-up, including polish and fluoride application, at any dentist, with a co-payment of R130	A dental check-up, including polish and fluoride application, at any dentist, with a co-payment of R195
Over-the-counter medication	Over the counter medicine, up to R905 per family per year	Over the counter medicine, up to R605 per family per year
Contraceptive Medication	Cover for contraceptives, up to R2 600 per member per year	Cover for contraceptives, up to R2 200 per member per year
Prescribed Medication	Prescribed medicine up to R1 970 per member and R3 300 per family per year	Paid from available savings
Sport Injury Benefit	Benefit including basic x-rays, Specialist and Allied professionals, with a co-payment of R130 per visit	Benefit including basic x-rays, Specialist and Allied professionals, with a co-payment of R130 per visit, available for children aged 12 and under
Kids Injury Benefit	For children aged 12 and under , one visit per child to the emergency department for medical and accidental emergencies, with a co-payment of R75 per visit	For children aged 12 and under , one visit per child to the emergency department for medical and accidental emergencies, with a co-payment of R130 per visit
Hospital Cover	Unlimited cover in a Smart Network hospital with 200% in hospital specialist cover	Unlimited cover in a Smart Network hospital with 100% in hospital specialist cover
Screening and Preventative Benefits	Extensive screening benefits supporting early detection and proactive care	
Maternity Cover	Comprehensive maternity cover for pre- and post-natal healthcare	
Oncology Cover	Smart network oncology care, including access to the Oncology Precision Benefit	
Mental Health Benefits	Comprehensive depression management programme, including proactive preventive care	
Exclusions		List of procedures not covered in hospital

Monthly Contribution:

	Classic Smart Saver	Essential Smart Saver
Principal	R3 350	R2 750
Adult	R2 840	R2 350
Child	R1 400	R895

This is a high-level summary of changes. For further information please refer to the Microsite for the benefit guides, contribution tables and more information.

Vitality

New benefits

- **Garmin and Oura ring** devices have been added to the fitness device benefit which is underpinned by Discovery Bank:
 - **Oura ring:** Members can now get up to 25% off on the Oura Ring or enjoy up to 100% off a new addition to the range of supported wellness devices, allowing for advanced sleep and wellness tracking.
 - **Garmin Devices:** Members can enjoy up to 100% off a new Garmin device by achieving their weekly exercise goals over a 24-month period. Alternatively, members can enjoy up to 25% off a Garmin device when purchasing a Garmin device through the Device Booster benefit. With a spend limit of up to R8 000.
- Recognising the importance of sleep, Discovery is introducing the Vitality Sleep Score **as a Vitality Points category**.
 - Members can earn up to **6 000 points per adult per year** for tracking their sleep.
 - **500 points** will be awarded every month in which a member achieves an average Vitality Sleep Score of 75 or more, provided they have tracked at least 25 nights that month with a recognised wearable device.

Benefit Enhancements

- **Physical Activity Points**

Members will be able to earn up to 35 000 points for being physically active, an increase from the previous 30 000 points.

 - Up to 25 000 points for exercise events.
 - Up to 10 000 additional points based on a member's Vitality Cardio Fitness Level.
- **HealthyFood Points**

The allocation of HealthyFood points is being refined to better align with members' healthy eating behaviours.

 - An exciting 10-year **Vitality Active Rewards campaign** is launching, with new ways to track workouts and earn rewards through an enhanced fitness offering.
- **Discounted Rewards in the Vitality Mall**

Members have access to exclusive discounts on a range of products through the Vitality Mall.

 - **Personalised Nutrition Coaching:** The HealthyWeight programme now includes tailored nutrition coaching for members.
 - **Condition Management:** Expanded support for managing health conditions as part of the wellness offering.
 - **Fitness network** has been expanded to include access to more classes at Virgin Active gyms across South Africa. Additional Yoga and Pilates facilities added. Members may unlock more free classes per month depending on their Vitality status.

Benefits Change

Vitality Active will only cover the main member and not dependants for new activations from 2026.

It is important to note that we are not accredited to provide advice on Discovery Bank products and benefits.

Vitality Rates 2026

	Single Member	Per dependant
Vitality	R 429	R 85
Vitality Active	Main member only: R 159	

*KeyFIT premiums are applicable to existing KeyFIT members and not open for new joiners.

Kaelo Gap Cover

Aon strongly supports the purchasing of gap cover to compliment your medical scheme benefits and to reduce your out-of-pocket exposure for in-hospital and certain out-of-hospital expenses. We recommend that you speak to your Aon Healthcare consultant to assist you with information on the Kaelo gap cover option available at **R473** per month. If you wish to join Kaelo gap cover with effect from 1 January 2026, the 3-month general waiting period will be waived, however a 12-month pre-existing condition specific waiting period will still apply.

Virtual Year-End training sessions

Aon will be conducting virtual training sessions on the relevant information pertaining to the 2026 medical scheme options. These sessions will elaborate on medical scheme benefit changes, enhancements, and contribution increases.

Please note that the virtual sessions as stipulated below will not include specifics regarding Lancet Lab's subsidy or participation policy.

Virtual year-end presentation dates are as follows:

Date	Time	Date	Time
12 November 2025	13:00 – 14:00	13 November 2025	14:00 – 15:00

Please note that presentations will be conducted in English.

Please follow these steps to register for an information session:

- [Click here](#) to register for a training session you would prefer to join.
- [Please use a Chrome or Firefox browser to register](#)
- Select your preferred date, complete all your details and press “**Submit**”.
- You will receive an e-mail confirmation that says “**You are now registered**” – click on the “**Add to Calendar**” link, a page will open with a small box on the top right saying Downloads – Click on the “**Open File**” link and a calendar invitation will open that you can save for this session. This invitation includes the Teams link.

On the day of the event:

- Open your calendar invitation.
- Click on the **link** provided and follow the instructions, if needed.
- If you have trouble accessing the webinar through the calendar invitation, please copy the link and open it in your Chrome or Firefox browser.

We look forward to welcoming you at the Aon virtual year-end training session.

How do I book an individual session with the Aon Consultant to discuss my personal circumstances?

Your regional healthcare consultant will be on-site at certain labs. The dates will be communicated to your HR department and Lab contact people. Posters with the on-site session dates and times will be placed on your notice boards. Members can also contact the Aon Resolution Centre for a virtual consultation.

Where do I get more information and who can I contact if I have any questions?

The Aon Resolution Centre can be contacted on **0860 100 404** or lancet@aon.co.za to provide advice on option selections for 2026, clarification of benefit changes and contribution increases. The DHMS Call Centre can also be contacted on **0860 99 88 77** or WhatsApp **0860 756 756**.

DHMS option change

If you want to change your option for 2026, please complete the attached option change form and send it to lancet@aon.co.za by no later than 29 November 2025.

It is important to note that no late changes will be accepted.

Must I complete a KeyCare option change form?

If you want to change your current option to a KeyCare option for 2026, you need to complete a separate KeyCare application form (Choosing KeyCare as my health option) and submit to lancet@aon.co.za.

Please note that Lancet Lab employees are not allowed to choose the Keycare Start Regional plan.

If none of the above applies to you, you do not need to do anything, and you will remain on your current option in 2026. Please do not inform DHMS directly of your decision to change options.

Bonitas Medical Fund Underwriting Concession

Should you wish to move to Bonitas, the medical scheme has granted Lancet Lab employees the opportunity to join free of underwriting during a three-month window period with inception dates 1 January 2026, 1 February 2026, 1 March 2026 and 1 April 2026

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We have established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

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