

2026 Contributions: Balancing sustainability with member value

Each year, the AMS Board of Trustees carefully considers changes to benefits and contributions to keep the Scheme sustainable while offering members meaningful healthcare cover. The aim is to balance long-term stability with benefits that meet members' needs – all while keeping contributions affordable.

As our membership ages, medical technology advances, and healthcare professionals become scarcer, claims costs inevitably rise. Our actuaries assess these risks and trends to determine the reserves needed for future claims. Based on this, the Trustees adjust benefits and contributions, using reserves

prudently to keep increases aligned with actuarial guidance. We know many South African families are financially constrained, so we are pleased to announce that contributions for 2026 will rise by just 5% – below the expected industry average of 7% to 9%.

While contribution increases are an unavoidable reality across the medical schemes industry, AMS is in a stronger position than most. Thanks to prudent financial management and robust reserves, AMS is able to keep contributions relatively low while still enhancing benefits.

2026 contribution increases Rand values

Plan	Member	Adult	Child
Managed Care Plan (MCP)	R7 040.00	R7 040.00	R1 630.00
Standard Care Plan (SCP)	R3 855.00	R3 855.00	R1 155.00
Value Care Plan (VCP)	R1 375.00	R1 375.00	R335.00

Your 2026 Benefit Guide will be available from the first week of November, giving you a full overview of your contributions and benefits for the year ahead. We will also upload the printed and digital Benefit Guide on www.angloms.co.za > Plans & Benefits > Benefit Guide. The electronic version of the **printed Guide** will be emailed and sent by SMS to main members with a valid email address and mobile number, and posted only to those members without email. The **digital Guide** will be emailed and shared via WhatsApp in 2026. We encourage you to use the digital version – it's quick, convenient and easy to navigate.

Independent evaluation reaffirms AMS' strong value

Each year, AMS benchmarks its benefit options to ensure they remain competitive, affordable and aligned with members' needs. For 2025, AMS commissioned an independent review by actuarial consultancy 3ONE, using their Benefit Value Index (BVI) model to compare our three plans against a wide range of medical schemes that offer similar benefits to AMS.

The BVI measures value by assessing benefits received for every rand contributed, while also accounting for demographics, family structures and contribution levels.

Findings at a glance

- MCP: Contribution levels are in line with competitors, with particularly low child rates. The MCP ranked highest overall, with a BVI of 125% – well above the competitor average of 102%. Members enjoy richer benefits across most categories, including oncology, prostheses and radiology.
- SCP: Contributions are also broadly aligned with market averages, with adult dependant rates slightly higher to

reflect the richer benefits provided. The SCP nevertheless achieved a BVI of 99%, outperforming competitor averages of 91%. Strong features include generous chronic benefits and comprehensive oncology cover.

- VCP: Among the most affordable low-cost options, with child and adult rates toward the lower end of the market. The VCP achieved a BVI of 97%, higher than the industry average of 84%. While external prostheses and pathology cover are more limited, many benefits – such as oncology, advanced radiology and internal prostheses – are stronger than competitors.

The evaluation confirmed that all AMS options deliver value equal to or better than industry averages. Both the MCP and SCP stand out as market leaders, while the VCP provides affordable access without compromising on key high-cost benefits. Very few AMS benefits were found to be behind the market, reflecting the Scheme's focus on supporting members with greater healthcare needs.

Benefit changes: Highlights

Discovery Health Premier Specialist Network

From 2026, members on the SCP and MCP will have access to specialists on the Discovery Health Premier network.

Because there is no standard industry rate for specialists, their charges often exceed the Scheme Reimbursement Rate, leaving members to pay the difference out of pocket.

The new Premier Specialist Network addresses this by creating a network of specialists who agree to charge a negotiated rate, so you avoid paying the difference between their fees and the Scheme Reimbursement Rate, subject to your available benefits.

Your out-of-hospital consultation with a specialist on the Premier Specialist Network will still be funded from your available limit on SCP or your MSA for MCP. Once your limit is depleted, you will be responsible for payment.

This new arrangement offers members peace of mind, while specialists benefit from faster, reliable payments.

Easier access to Diabetic Retinopathy screening

From 2026, AMS will make it easier for MCP and SCP members registered for diabetes to access Diabetic Retinopathy (DR) screening – a vital test that helps prevent vision loss.

Until now, DR screening was mostly done by ophthalmologists, but limited availability often meant long waits and extra costs. From next year, members registered with diabetes will be able to have DR screening at an optometrist, with referral to an ophthalmologist if needed. The test will be covered by the Scheme from your Risk benefit.

This change makes DR screening more accessible, convenient and affordable, while ensuring members get the right care at the right time.

Coordinated GP consultations

From 2026, GP consultations for VCP members will be managed a little differently to ensure you get the right care, at the right time, in the right place.

Currently, VCP members have six GP visits a year without authorisation being required. From next year, authorisation will be required after the fourth visit. When this happens, your needs will be triaged. Instead of automatically defaulting to a GP visit, members will be directed to the most appropriate healthcare professional or platform based on their condition.

This may be a nurse consultation, virtual GP, or in-person GP visit.

This change is about coordinating your care, ensuring that you receive timely, appropriate treatment while also ensuring effective use of your benefits.

Spinal Conservative Care Programme

From 2026, SCP and MCP members who meet the clinical criteria will have access to a new Spinal Conservative Care Programme. The aim is to manage back pain effectively and, where possible, prevent the need for surgery.

The programme provides out-of-hospital treatment by a network of physiotherapists and chiropractors, fully covered by AMS from the Risk benefit. Members are identified through claims data or referred by a network GP or network spinal surgeon, and enrolment is subject to an assessment and clinical entry criteria.

This new benefit makes it easier for members to receive expert, conservative care, reduce the risk of unnecessary surgery and enjoy better quality of life.

Oncology medicine DSPs

From 2026, SCP and MCP members should utilise the Designated Service Provider (DSP) pharmacies for approved oncology medicines. Using a DSP ensures your treatment is covered in full, without co-payments.

If you choose to use a non-DSP pharmacy, a 20% co-payment will apply for oncology medicines administered in doctors' rooms or scripted and dispensed at retail pharmacies.

A full list of DSP pharmacies is available on our website and in your Benefit Guide. This change is designed to give members reliable access to treatment while helping AMS manage rising medicine costs and keep benefits sustainable.

Newborn screening benefit

Welcoming a new baby is a special moment, and AMS is here to support you from the very start. Newborn screening tests done in hospital within the first few days of birth are covered on SCP and MCP.

These early checks help detect certain metabolic disorders quickly so treatment can begin right away – giving your baby the best possible start in life.

Do you have membership or Scheme questions? Contact us on the numbers and addresses listed here:

Value Care Plan: 0861 665 665 | support@kaelo.co.za | **Standard and Managed Care Plans:** 0860 222 633 | member@angloms.co.za and claims@angloms.co.za

Visit www.angloms.co.za to learn more about your Scheme and benefits. Log in and find all previous MediBrief editions under My Documents > Knowledge Library