AMS ANGLO MEDICAL SCHEME

MEDIBRIEF

FOURTH QUARTER | OCTOBER 2026

Looking ahead to 2027

As we prepare for 2027, AMS remains focused on balancing two important responsibilities: keeping contributions as affordable as possible and ensuring that the Scheme remains financially sound and able to meet members' healthcare needs.

Each year, medical schemes must navigate a range of cost pressures when determining contributions and benefits for the year ahead. For 2027, AMS has once again worked to keep contribution increases as low as possible while introducing a number of benefit enhancements for members. Healthcare costs continue to rise faster than general inflation, putting pressure on medical schemes. Hospitals, specialists and medicines are becoming more expensive, while the demand for healthcare services continues to grow. These pressures are particularly relevant to AMS, which has a relatively high proportion of pensioners who generally need more healthcare as they get older.

Despite these challenges, AMS has been able to limit its average contribution increase for 2027 to 5.2%, continuing its track record of keeping increases among the lowest in the industry. Careful financial management over many years has helped AMS build healthy reserves and maintain a strong financial position. This has enabled the Scheme to keep contribution increases as low as possible while continuing to provide members with quality healthcare cover.

There is also good news on benefits. In 2027, AMS will increase its Scheme Reimbursement Rate (SRR) by 4.2%, and members can look forward to a number of other benefit enhancements. These enhancements, which are explained in more detail throughout this newsletter, are designed to provide members with greater value and support for their healthcare needs.

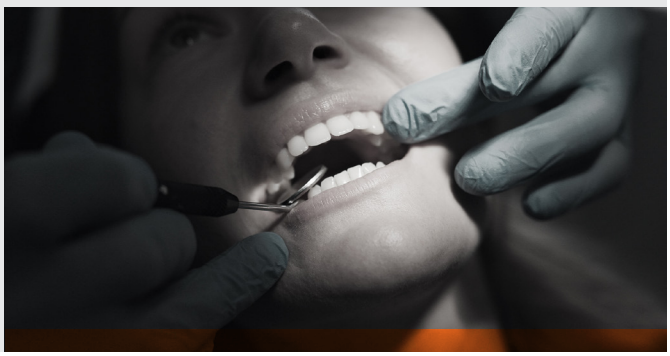
2027 contribution increases: Rand values

Plan	Member	Adult	Child
Managed Care Plan (MCP)	R7 405	R7 405	R1 715
Standard Care Plan (SCP)	R4 055	R4 055	R1 215
Value Care Plan (VCP)	R1 447	R1 447	R352

Easier access to preventive dental care

Good oral health is an important part of your overall health. Regular scaling and polishing can help prevent gum disease, tooth decay and other dental problems, and oral hygienists play a vital role in providing this care.

To support better oral health and preventive care, dental benefits on the Managed Care Plan (MCP) and Standard Care Plan (SCP) will be enhanced from 2027 to include treatment by an oral hygienist. SCP members can access this benefit through the Dental Risk Company (DRC) network. For more information about your dental benefits and available network dentists for SCP members, visit the AMS website. Go to *Plans and Products* to access details specific to your plan.



Introducing the AMS WELLth Fund: A health check that unlocks additional benefits

From 1 January 2027, members of the Standard Care Plan (SCP) and Managed Care Plan (MCP) can unlock a host of extra benefits simply by completing a health check.

The new WELLth Fund rewards you for taking a proactive step towards better health. It gives you and your family access to additional cover for a range of preventive, primary care and allied healthcare services. And the great thing is that these benefits will not reduce your available day-to-day benefits.

Start with a simple health check

To unlock the WELLth Fund, visit a participating provider for a health check that measures your:

- Blood pressure
- Body mass index (BMI)
- Cholesterol
- Blood glucose

To unlock this benefit, beneficiaries aged 18 years and older must each complete their own individual health check.

Registered child dependants between the ages of 2 and 17 will unlock this benefit once the health check requirement has been met by the member or registered adult dependant.

How much will be available?

The amount added to your WELLth Fund balance depends on your plan and the number of beneficiaries on your membership.

Beneficiary	MCP	SCP
Main member	R2 500	R1 500
Spouse or adult dependant	R2 500	R1 500
Child dependant	R1 000	R500
Overall family limit	R8 000	R5 000



What can your WELLth Fund be used for?

The WELLth Fund can be used for a broad range of healthcare services, including:

- GP consultations
- Out-of-hospital basic and specialised dentistry (SCP is subject to DRC protocols)
- Optical services
- Gynaecological check-ups
- Hearing tests
- Glaucoma screening
- Pathology screening
- Lung cancer screening
- Skin cancer screening

It may also be used for allied healthcare services.

The WELLth Fund does not cover medicines or medical devices.

Once the benefit has been unlocked, the available funds may be used by any registered beneficiary on the membership. This gives families the flexibility to use the benefits where they're needed most. The WELLth Fund unlocks a once-off benefit that will be available for two years, from 1 January 2027 to 31 December 2028. Your funds will remain available until your WELLth Fund balance is depleted, your overall family limit is reached, or until 31 December 2028, whichever comes first.

Who qualifies for the benefit?

The WELLth Fund will be available to all eligible beneficiaries of the SCP and MCP. Members who join AMS during 2027 may also access the benefit and use it until 31 December 2028. Memberships that start after 31 December 2027 will not qualify. Any balance remaining on 31 December 2028 will expire. A simple health check is all it takes to unlock your WELLth Fund. Take that first step and enjoy access to more ways to stay well – all without reducing your available day-to-day benefits.

Additional support for members needing fertility treatment

For some, the path to starting or growing a family requires medical support. Fertility treatment can be emotionally demanding and costly, and access to the right care can make an important difference.

From 2027, the MCP will include an Assisted Reproductive Therapy (ART) benefit, providing eligible beneficiaries with greater financial support for approved fertility treatment.

The benefit will cover 75% of the SRR, up to an annual limit of R145 450 per beneficiary. Cover is subject to the Scheme's clinical guidelines and treatment protocols, as well as the use of a facility accredited by the Southern African Society of Reproductive Medicine and Gynaecological Endoscopy (SASREG).

Treatment or procedures that do not form part of the defined basket of care will not be funded from the ART Benefit, unless they qualify for cover as Prescribed Minimum Benefits (PMBs).

Cover based on your age

The treatment available depends on the age of the beneficiary and whether the Scheme's qualifying criteria are met.

Age	Available cover
25 to 39 years	Up to two IVF cycles per year or two egg donation cycles per year, or one IVF cycle and one egg donation cycle per year
40 to 42 years	One IVF cycle or one egg donation cycle per year
43 to 50 years	One egg donation IVF cycle per year

The donor matching fee is covered for all three age groups. However, the costs charged by egg donor agencies are not covered.

Preserving fertility during cancer treatment

Certain cancer treatments may affect a person's future fertility. Beneficiaries registered on the AMS Oncology Programme who meet the Scheme's clinical entry criteria may therefore qualify for egg or sperm cryopreservation, commonly known as freezing.

The benefit includes storage for up to five years. Cryopreservation and storage are not covered where a beneficiary is not registered on the Oncology Programme or does not meet the clinical entry criteria.

Check your eligibility before starting treatment

If you are considering fertility treatment, contact AMS on 0860 222 633 before starting the process. The Scheme can confirm whether you meet the qualifying criteria, explain the authorisation requirements and help you understand which services will be covered.

What does the benefit cover?

Once the benefit has been activated, eligible beneficiaries have access to a defined basket of care that includes:

- Consultations with fertility specialists
- Approved fertility medicine
- A defined list of pathology tests
- Oocyte or egg retrieval
- Embryo transfer and freezing
- Embryo and sperm storage related to the approved treatment
- Ultrasound scans
- Admissions related to the approved treatment

Wider access to alcohol and drug dependency treatment

Taking the first step towards recovery is never easy. That's why we're expanding access to professional care and support for members living with alcohol or drug dependency.

From 2027, members on the SCP and MCP will have access to a larger network of approved alcohol and drug rehabilitation facilities:

- Up to 3 days of alcohol and drug detoxification treatment at the SRR subject to admission to an alcohol and drug dependency designated service provider (DSP)
- Up to 21 days of rehabilitation treatment following detoxification, at the SRR at an alcohol and drug dependency DSP

To receive the highest level of cover, we encourage members to use a facility in the DSP network. A 20% co-payment will apply if a facility outside the network is used.

Remember to contact AMS before admission to confirm authorisation requirements and to help you find a suitable network facility.

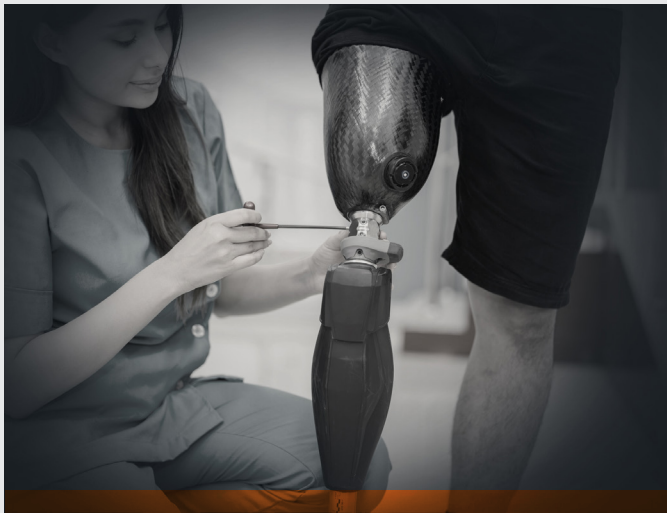
New External Prosthesis Benefit on the Value Care Plan

We're pleased to offer additional support for members who need an external prosthesis.

Subject to PMB regulations and Prime Cure pre-authorisation, a beneficiary can access cover of up to R6 000 per year for medically necessary external prostheses, whether provided in- or out-of-hospital. This benefit is separate from the annual hospital limit.

Cover includes approved items such as artificial limbs, breast prostheses and ocular prostheses, as well as clinically necessary repairs or replacements. Cosmetic enhancements, upgrades and other non-medically necessary items are not covered.

This benefit is designed to support members' mobility, function and quality of life when they need it most.





Good news for expectant parents on the Value Care Plan!

You can now access cover for one routine foetal anomaly scan during each pregnancy, subject to authorisation.

The scan must be done between 18 and 24 weeks of pregnancy by an appropriately qualified healthcare professional.

This added benefit is designed to support a healthy pregnancy and provide reassurance during this special time.

Thinking of changing your plan for 2027?

Your healthcare needs and personal circumstances may change over time. The end of the year gives you an opportunity to review your current AMS plan and decide whether it will still provide the right level of cover for you and your family in 2027.

If you are considering a change, take time to understand the differences between the plans, including their benefits, limits, provider networks and costs. Your choice will take effect on 1 January 2027 and apply to both the member and all registered dependants for the full calendar year.

Filling out your plan-change form

The 2027 plan-change form is available on the AMS website. While the final deadline for 2027 plan-change requests is Friday, 11 December 2026, we recommend that you submit your form as early as possible.

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

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