

Benefits and Contributions



Summary 2025

The Makoti Medical Scheme was developed with the following in mind:

- To provide high quality medical care at affordable cost
- To introduce control measures in order to sustain the plan for a long period
- To prevent illness wherever possible by dealing with healthcare issues in the community we serve
- All benefits are paid at the scheme tariff and are subject to managed care protocols

Benefit	Primary Option	Comprehensive Option	
COVID-19 Vaccinations	Covered	Covered	
Overall Limit	No Limit	No Limit	
General Practitioner Services	At members nominated GP paid at Scheme Rate	At members nominated GP, paid at Scheme Rate	
Medication: Acute and Chronic	As per the Scheme formulary	As per the Scheme formulary	
Over the counter medicine (OTC)	Limited to R452 per family per annum	Limited to R482 per family per annum	
Chronic Illness Screening by General Practitioner	Annual or when requested	Annual or when requested	

All the following services must be authorised by calling 0860 00 24 00 or 060 982 3823 in the case of an emergency

Benefit	Primary Option	Comprehensive Option
Basic Pathology and Radiology	Radiology: CXR, suspected fractures of extremities and two obstetric sonars per pregnancy Pathology: PAP smear single slide, Glucose, HbA1c, Hb, WCC, Platelets, RPR, Blood Group and HIV Elisa Test	Limited to list of codes Subject to pre-authorisation and managed care protocols
Specialist Services	As per Prescribed Minimum Benefits only in State Hospitals	Subject to managed care protocols

Hospitalisation	As per Prescribed Minimum Benefits only in State Hospitals	Private Hospitals Subject to managed care protocols	
Emergency Stabilisation / Casualty in a private hospital	Medical Emergencies only Medical Emergencies		
Maternity Benefit	In private hospitals limited to R29 400 per pregnancy or access to the Birthing Team units where available; Subject to managed care protocols	Subject to managed care protocols	
HIV/AIDS	As per managed care protocols. Provides cover for all related treatment	As per managed care protocols. Provides cover for all related treatment	

Other services

Benefit	Primary Option	Comprehensive Option	
Ambulance for medical emergencies	Emergency Services are covered at the Scheme Rate via the preferred provider	Fully Covered through Lifemed on 0861 086 911	
Clinical Psychology	Prescribed Minimum Benefits in state facility only	8 consultations per family per year	
Hearing Aids	Prescribed Minimum Benefits only	R4 082 per beneficiary every 4 years	
Appliances	Prescribed Minimum Benefits only	R4 042 per family every year	
Internal Prostheses	R61 728 per family per year	R61 728 per family per year	
Auxiliary Benefits	Prescribed Minimum Benefits only	20 consultations per family per year Including Physiotherapy, Occupational Therapy, Dieticians, Podiatry, Speech Therapy and Audiology	
Optometry	R1 123 per beneficiary every 24 months including full cost of eye test	R3 116 per beneficiary every 24 months including full cost of eye test	

Dentistry

Benefit	Primary option	Comprehensive option
Basic prevention, fillings and extractions	Subject to managed care protocols	Subject to managed care protocols
Specialised Dentistry	In State Hospitals	R4 211 per family per year
Dentures	No Benefit	1 set per beneficiary every 4 years

Contribution table effective 1 January 2025

Primary Plan	Principal (R)	Adult (R)	Child (R)
R0 – R7 596	406	406	273
R7 597 -R10 206	905	745	333
R10 207 -R13 608	970	784	358
R13 609 – R18 144	1 042	833	378
R18 145 +	1 118	870	400

Comprehensive Plan: Full Plan including Hospital and Prescribed Minimum Benefits

Comprehensive Plan	Principal (R)	Adult (R)	Child (R)
0 – R10 586	2 738	2 359	910
R10 587 - R14 020	3 166	2 636	1 032
R14 021 - R18 598	3 413	2 867	1 108
R18 599 +	3 744	3 209	1 218

Emergency services are available 24 hours a day, 7 days a week

Enablemed: 0860 002 400 / **Ambulance services:** Lifemed 0861 086 911 / **National 24-hour call line:** 0860 002 400

