



medihelp

# Annual Report

2025

June 2026

# Table of contents

- 03** Medihelp in 2025
- 08** Compassion in action
- 12** Message by the Chairperson of the Board of Trustees
- 16** Overview of the Principal Officer
- 22** Report by the Board of Trustees\*
- 36** Statement of responsibility by the Board of Trustees\*
- 38** Statement of corporate governance by the Board of Trustees\*

- 40** Statement of financial position at 31 December 2025\*
- 41** Statement of profit and loss and other comprehensive income for the year ended 31 December 2025\*
- 42** Statement of changes in reserves for the year ended 31 December 2025\*
- 42** Statement of cash flows for the year ended 31 December 2025\*
- 43** Trustees' remuneration\*
- 44** Care through the generations

\* References to notes and pages contained in the extracts of the Financial Statements relate to notes and pages in the audited Financial Statements for the year ended 31 December 2025. A full set of the audited Financial Statements is available for inspection at the Scheme's offices.

## Medihelp in 2025

### Our legacy of care

Leading the industry as South Africa's longest-running open medical scheme

### Trusted by families

Average age of new joiners  
**27,9 years**



New joiner family size  
**2,4**



Families choose Medihelp because parents don't make quick decisions about their children's futures; they choose a partner they can trust.

### The Medihelp footprint



Oldest member  
**105 years young**



**A+**  
Global Credit Ratings



**89 836**  
main members



**193 744**  
beneficiaries

Average beneficiary age:  
**39 years**

### Top plans for new members



**MedVital**  
Elect



**MedAdd**  
Elect



**MedMove!**

## Financial strength, member value

Disciplined management that protects your pocket



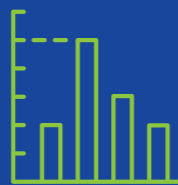
Surplus before other comprehensive income:  
**R282,3 million**  
(up from R30,7 million in 2024)



Total claims ratio:  
**91,2%**  
(improved by 2,8 percentage points)



Solvency ratio:  
**27,01%**



Healthcare expenditure per beneficiary:  
**R2 285**

## Care that counts

Moving beyond a safety net to become a trusted health companion

### Personalised clinical impact



**Post-hospitalisation Care Programme**  
Readmissions after hospitalisation reduced  
**by 25%**

**46 129**

members with chronic illnesses supported through our **Disease Management Programme**



"You really made a difference by phoning me and following up after my discharge from hospital." - Member\*

"The caring calls are so sweet. It means a lot. That's what I call a **Medical Aid in Action**." - Member\*

## Preventive care

**10 606**  
flu vaccines funded



**R6 996 489**

in care extender benefits to members who take proactive care of their health



## Medicine support



Total medicine items supplied  
**3 770 917**

## Service excellence



More than  
**3,2 million**  
claims processed



Average call answer: **23 seconds**  
**94,25%**  
of queries resolved on the first call

"I've been a member of Medihelp since 1988 and can only express gratitude for the many years of excellent service. The staff have always been there to guide me so that I can have benefits that serve my needs. Thank you, Medihelp for making my health cover a calm and well-informed experience." - Member\*



**1st place** CE Index™ Medical Scheme Client Care Contact Centre Category

Overall Industry Ranking:  
**2nd place** Medical Aid Product:  
**3rd place** Digital Channel:  
**3rd place**

## Stakeholder engagement

1 175 588

unique website visitors



3,44%

overall social media audience growth



63 830

total followers on social media platforms



24,89%  
growth



53 572  
followers

R20 362 198

media coverage earned through credibility, not through paid advertising



Email engagement exceeds industry benchmarks

Member newsletters: **49,15%** read rate vs industry average of **32,8%**



Emails sent

Total stakeholders: **1 525 778**

**73%** of members love **Thrive!**

## Digital adoption



The Member Zone and Medihelp app

90,15%

members registered

90,81%

digital satisfaction score

39 106

active users on the Medihelp app

395 000

electronic brochure views

"Really a user-friendly site. It's so convenient that I can chat with a consultant immediately while I have my document in front of me." - Member\*



Adviser Zone

3 461  
users

43,5%  
utilisation

"The Adviser Zone and website are among the best in the industry. We train clients to use the Medihelp app, but we're still here every day when they need us most."

- Martin Loots, adviser at LMR Projects



Healthcare Professionals Zone

33 327  
(96,25%) claiming practices registered

Provider satisfaction score: **96,56%**



Corporate Zone

1 486  
registered users

975  
groups now managed digitally (60,89% growth)

"Most user-friendly. Thank you." - Practice\*

\*Names have been withheld to protect the identity of the individual.

# Compassion in action



## Because no one should feel alone on their journey

Medihelp's responsibility extends beyond healthcare cover. Our Corporate Social Investment (CSI) strategy reflects our core values - excellence, compassion, transparency, and collaboration - brought to life through partnerships that improve health, education, and dignity in underserved communities.



### Healthcare access – bringing care closer

For the first time, Medihelp became an external supporter of the **Phelophepa Healthcare Train** – the Train of Hope – which brings essential medical, dental, and eye care to patients in disadvantaged communities across South Africa who would otherwise have little or no access to these services.

- Supporting the world's first primary healthcare train to reach remote rural communities
- 70 communities and approximately 375 000 patients across South Africa per year

## Nurturing the next generation

Through the **MyWalk initiative**, developed in partnership with Netcare and Adcock Ingram Critical Care, we helped distribute school shoes made from upcycled medical-grade PVC waste to learners across four provinces: Eastern Cape, Western Cape, Northern Cape, and Gauteng.

3 429 pairs of school shoes distributed to learners across four provinces

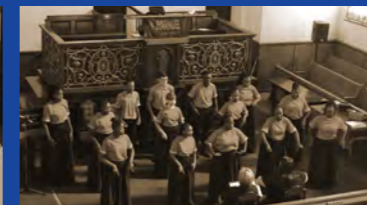
*"These are my Cinderella shoes. They only fit me."* -School shoe recipient\*



We continued our support of the **Bekezela Crèche** in the Newtown reclaimer community in Johannesburg, supporting monthly stipends for four volunteer caregivers and providing kitchen equipment to enable daily nutritious meals for the children in their care.

On Mandela Day, we brought colour and creativity to the crèche, giving each of the 35 children their own pair of sneakers to decorate with glitter and paint – a small act of kindness that sparked big joy.

We also sponsored transportation for the Transoranje School for the Deaf's sign language choir, **Hands of Harmony**, enabling 16 learners and six staff members to travel more than 2 000 km to perform alongside renowned organist Prof Theo van Wyk of the University of Pretoria. For many of these learners, it was a once-in-a-lifetime experience and a powerful moment for the visibility of Deaf Culture and South African Sign Language.



Through our support of the **High 5** initiative, we helped primary school children develop resilience and emotional awareness from an early age and in the midst of a mental health pandemic, equipping them with practical tools to navigate stress, build confidence, and support their overall well-being.

### Investing in futures

Medihelp supported the **Reach for a Dream Foundation's** annual golf day, contributing to fundraising that helps children with critical illnesses fulfil their dreams and experience moments of pure joy.



We also deepened our partnership with the **South African Hall of Fame**, supporting bursaries that give talented learners from underprivileged backgrounds access to educational and sports coaching opportunities they would otherwise never have. Members of our executive team – Shannon Gunkel, Ritesh Ramdeen, Sandra Minne, and Varsha Vala – participated in the **CEO Cycle Challenge** as part of this partnership, demonstrating that our commitment to community starts at the top.

*"They gave me an opportunity to be in this wonderful school, and I am really grateful for that." – Bursary recipient\**

*"What I personally love about the initiative is that it's not about being the fittest or the fastest. It's purely about showing up, getting involved, and doing something good – together." – Varsha Vala, Medihelp Principal Officer*



### Upcycling with purpose

Through our partnership with the **Imbali Visual Literacy Project**, Medihelp supported a subsidised craft training programme that equips participants with both production and enterprise skills. Our contribution went further than a financial donation: old Medihelp-branded materials were upcycled into more than 50 handcrafted promotional items, giving our legacy branding a meaningful second life.

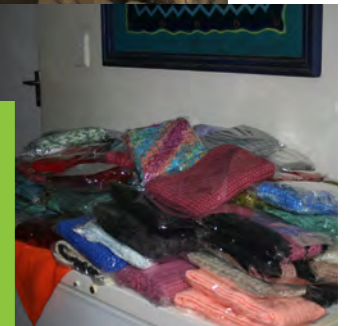


### Care close to home

Our employees continued to play an active role in community support throughout the year. This included donations to **Wollies Animal Shelter** over the festive season, as well as spending time with residents at **Lofdal Retirement Village** on Mandela Day, serving soup and donating hand-knitted items.



*These initiatives remind us that corporate social responsibility is not about obligation. It is about connection and the belief that by lifting others up, we all rise together.*



\*Names have been withheld to protect the identity of the individual.

# Message by the Chairperson of the Board of Trustees

## Chris Klopper

Building on 120 years of serving South Africans, Medihelp remains firmly focused on its purpose: to ensure that no one feels alone on their health journey. We're all about providing genuine support to our members, giving real care, and making their medical aid something they can trust, because everyone deserves to feel safe, supported, and valued.

The year under review reflects the strength of this commitment. Despite continued pressures within the healthcare environment, Medihelp delivered encouraging operational and financial performance while continuing to adapt to the evolving needs of members and the broader healthcare landscape.

Guided by responsible governance and a long-term perspective, the Board of Trustees remains committed to protecting members' interests while positioning the Scheme to navigate an increasingly complex healthcare environment.

### Stewardship and governance

The Board of Trustees remains focused on responsible governance and strategic oversight to ensure Medihelp continues to operate in the best interest of its members. During 2025, the Board worked closely with management to guide the Scheme through a dynamic healthcare and regulatory environment while maintaining strong financial and operational discipline.

Our role extends beyond just overseeing performance. It is also to ensure that the Scheme remains resilient and responsive to the ever-changing needs of members and the developments within the healthcare sector. We approach this responsibility with transparency and a genuine commitment to sound governance and member value.

*"Medihelp is a transparent medical aid, and the communication with their members is on par. When there are queries, the turnaround time for*

*getting them resolved is excellent. I would recommend Medihelp to any person looking for a good medical aid." - Member\**

### Strengthening financial sustainability

*The Scheme delivered encouraging financial results during the year, reflecting disciplined management and a continued focus on operational efficiency.*

Medihelp reported a net surplus before other comprehensive income of approximately R282.3 million, a significant improvement on 2024 and well ahead of budget. This performance was supported by favourable claims experience, effective cost management, and the realisation of long-term investment gains.

The Scheme's solvency ratio strengthened to 27,01% by December 2025, up from 20,99% at the end of 2024, comfortably exceeding the statutory requirement of 25%.

*The Scheme's solvency ratio strengthened to 27.01% by December 2025.*

The total claims ratio improved to 91,2% from 94% in 2024. These results truly reflect Medihelp's continued commitment to responsible healthcare expenditure management while maintaining access to quality care for members.



Together, these outcomes reinforce the Board's confidence in Medihelp's ability to navigate an increasingly complex healthcare environment while protecting the Scheme's long-term sustainability.

### Supporting a balanced membership profile

Maintaining a balanced and sustainable membership profile remains a key strategic priority for the Scheme. During the year, Medihelp continued to attract new members while maintaining strong, loyal relationships with current members.

The Scheme's average beneficiary age increased to 39 years in 2025, while the pensioner ratio was 16,5%. This mature and diverse membership profile reflects Medihelp's longstanding member loyalty and reinforces the importance of prudent risk management, sustainable benefit design, and ongoing efforts to attract younger members.

At the same time, the Scheme continues to support members across all life stages through benefits and programmes designed to promote preventive care, coordinated care, and improved health outcomes. This commitment to care reflects the compassion that sits at the heart of everything we do and ensures Medihelp remains relevant to both existing and a new generation of prospective members.

### Strategic partnerships and growth

Medihelp continues to pursue partnerships that enhance the value offered to members while expanding access to sustainable healthcare solutions. During the year, the Scheme strengthened its collaboration with Old Mutual Corporate, enabling employers to offer a more integrated employee benefits framework that combines healthcare, financial protection, and wellness support.

This co-creation of integrated solutions reflects a broader shift towards more holistic employee benefits that recognise the interconnected nature of health, financial well-being, and workplace productivity.

*Employer-based membership contributes to the stability of the Scheme's risk pool, and partnerships of this nature support Medihelp's strategic focus on growing its presence within the corporate and employer group market in a structured and sustainable manner.*

Medihelp also continues to diversify its offering through initiatives such as Omnihelp, which further supports the Scheme's long-term relevance in a rapidly evolving healthcare landscape.



### Navigating the healthcare landscape

South Africa's healthcare sector continues to experience significant policy and regulatory developments, including ongoing discussions in connection with the implementation of the National Health Insurance (NHI).

While the timing and structure of NHI implementation remain uncertain, the Board continues to monitor developments closely to ensure Medihelp is well-positioned to respond appropriately in the best interest of members as the policy landscape evolves. Protecting members' access to quality healthcare and ensuring the Scheme's long-term sustainability remain the Board's guiding priorities during this period of policy development and transformation.

### A future-focused healthcare approach

Globally, healthcare is entering a period of significant transformation as advances in technology, data analytics, and personalised care reshape how healthcare services are delivered.

Medical schemes are increasingly moving beyond traditional reactive models towards more proactive approaches that focus on prevention, early detection, and coordinated care. Medihelp continues to explore opportunities to harness data insights, digital tools, and innovative healthcare interventions to improve health outcomes while supporting long-term affordability for members.

The Board supports initiatives that enable earlier interventions, stronger member engagement, and more personalised healthcare pathways, all of which will play an important role in the future of healthcare delivery.

### Looking ahead

The progress achieved during 2025 provides a strong foundation for the years ahead. Medihelp has demonstrated solid operational performance, responsible financial management, and a continued commitment to delivering meaningful value to its members.

*Looking ahead, the Board will remain focused on strengthening the Scheme's sustainability, enhancing member experience, and supporting innovative healthcare solutions that improve outcomes for all members.*

On behalf of the Board of Trustees, I would like to thank our members for their continued trust and the Scheme's management team, employees, healthcare partners, and advisers for their dedication and professionalism.

Together, we remain committed to ensuring that Medihelp continues to serve its members with integrity, care, trust, resilience, and innovative ideas for many years to come.

**Chris Klopper**  
Chairperson of the Board



## Overview of the Principal Officer

2025 reflected the quiet strength and resilience of Medihelp. In a demanding and evolving healthcare environment, we remained focused and disciplined, consistently guided by our commitment to delivering value and care to the members we serve.

Building on more than a century of supporting South Africans, we remain grounded in a simple but important purpose: to ensure that our members have access to funding that enables quality healthcare when they need it, while safeguarding the long-term sustainability of the Scheme and all of its members. Striking this balance is not always easy, but it is what guides every decision we make.

The environment around us continues to shift. Healthcare costs are rising, utilisation patterns are evolving, and members are more informed and more discerning than ever before. At the same time, many households are feeling the pressure of medical inflation in very real ways. In this context, our role goes beyond funding healthcare. It is about providing reassurance, clarity, and support at moments that matter most, and doing so in a way that reflects our values of excellence, compassion, collaboration, and transparency.

Medihelp remains committed to balancing care, trust, and innovation to shape a future where access to healthcare funding is simple, inclusive, and delivers real value for our members.

### Financial sustainability proven in a demanding environment

Against this backdrop, Medihelp delivered a strong financial performance in 2025, one that reflects careful stewardship, a consistent focus on long-term sustainability, and the protection of the interests of our membership as a collective.

The Scheme reported a surplus before other comprehensive income of R282,3 million, supported by improved claims experience and disciplined cost management. Most notably, our solvency ratio strengthened to 27,01%, up from 20,99% in 2024. This marks a return to a compliant position, achieved while continuing to prioritise the needs of our members.

#### 27,01% solvency ratio

Financial sustainability is not an end in itself. It is what enables us to live our values – to act with excellence in how we manage the Scheme, with compassion in how we support our members, through collaboration with our partners, and with transparency in the decisions we take.

While these metrics are important, they represent something far more personal. They reflect real lives and real moments where members rely on us. This is especially true when it comes to contribution increases. The 10,8% increase implemented in 2025 was not taken lightly, but was necessary in response to ongoing cost and utilisation pressures. Encouragingly, through proactive risk management and managed care interventions, we were able to reduce the required increase and support a more moderate outlook for 2026.

Net surplus before other comprehensive income of R282,3 million  
Reduction in the total claims ratio to 91,2% (94% in 2024)

### A stable and sustainable membership base

A strong financial position must be supported by a balanced and

sustainable membership base – and this remains one of Medihelp's key strengths.

The average beneficiary age is 39 years, while new members continue to join at a significantly younger average age of 27,9 years.

#### More than 193 000 average beneficiaries

What is particularly encouraging is the growing number of families choosing Medihelp. Healthcare decisions for families are made with care, and this trend reflects a deeper level of trust – trust that we will be there not only in times of need, but throughout every stage of life.

*"I have been a member of Medihelp for more than 30 years, and never once have I been let down. The options available cater extremely well from when you are younger and have a family, right through to the period when you are a bit older and face the problems that come with age."* – A longstanding Medihelp member\*

Corporate membership reflects the confidence that employer groups place in us as a trusted healthcare partner. These relationships enable us to support working South Africans throughout their healthcare journey, while providing employers with a reliable and sustainable solution for their employees.

### Enhancing value for members

Understanding our members, both who they are and how their needs evolve, continues to shape how we design and refine our product offering.

### Benefit improvements and product changes

During 2025, we introduced a number of targeted improvements to ensure our benefits remain relevant, accessible, and supportive. MedElect (now MedReach) was refined to better meet the needs of corporate clients, offering

comprehensive cover at competitive price points. At the same time, we increased the maximum age for child dependants from 21 to 26 years, recognising the realities faced by many young adults who remain financially dependent while pursuing their studies.

We also strengthened day-to-day benefits to better support families. On MedSaver, cover for essential healthcare services, including GP consultations, specialist visits, and acute medication, was increased to R2 500 per family and extended across the household.

#### 100%+ increase in benefit value

In addition, Medihelp launched an initiative to make medical scheme membership more affordable for young adults entering tertiary education, attracting younger members and enhancing the Scheme's long-term risk profile. Through MedMove! Student, students could access private healthcare coverage for as little as R750 per month in 2025.

### Expanding personalised healthcare journeys

As healthcare continues to evolve, so does our role. We are moving beyond being a safety net towards being a trusted companion for every step in our members' healthcare journeys. This shift is rooted in compassion – not as an abstract value but as something that shapes how we show up for our members every day.

*Compassion is more than a value at Medihelp – it infuses into everything we do.*

The Parenting journey, developed in partnership with Parent Sense, offers personalised guidance to new and expectant parents during what can be both an exciting and overwhelming time. Our Mental Wellness Support Programme has also been expanded, giving members access to social workers for support with depression and other challenges, both in and out of hospital.

Our Post-hospitalisation Care Programme continues to demonstrate the value of this approach. With dedicated care coaches supporting members through recovery, we have reduced preventable hospital readmissions by more than 25% and helped return over 24 800 productive hours to members and their families.

*"You are fantastic! I am so thankful there is someone who cares and is interested in how I am doing."*

*– A member of our Post-hospitalisation Care Programme\**

These outcomes reflect what becomes possible when care is more coordinated, more personalised, and more human.

### Innovation with a human touch

Innovation remains an important part of how we improve outcomes for our members but always with a clear focus on practical value.

In 2025, we continued to integrate artificial intelligence and predictive analytics into our case management processes, allowing us to identify risks earlier and guide members more proactively. At the same time, remote monitoring and virtual consultations are making healthcare more accessible and convenient.

*Medihelp anticipates nearly twice as many members using digital monitoring devices in 2026, enabling real-time, personalised health support.*

These developments are not about technology for its own sake. They are about supporting better decisions, improving health outcomes, and making healthcare feel more connected and responsive to our members' needs.



### Strategic collaboration and expanded healthcare solutions

Collaboration remains central to how we strengthen our value offering and extend our impact.

During the year, we deepened our partnership with Old Mutual Corporate, enabling a more integrated approach to employee benefits that brings together healthcare, financial protection, and wellness support.

### Strengthening member experience

Ultimately, our strategy is only as strong as the experience we deliver to our members every day.

We saw meaningful improvements across our service delivery model. The Client Care centre, often the first point of contact, delivered strong performance, reflecting both operational excellence and a genuine commitment to helping members.

- An average call answer time of 23 seconds
- 82% of calls answered within 20 seconds
- A 94,25% first-time contact resolution rate

Operational efficiency improved across the board, with faster turnaround times and more streamlined processes.

- More than 3,2 million claims processed during 2025
- Membership onboarding reduced to less than one day (0,98 days)
- End-to-end claims payment cycle was shortened to 6,9 days (down from 8,21 days in 2024)

These improvements were independently recognised through the 2025 Customer Experience Index (CE Index™), where Medihelp achieved:

- 1st place in the Client Care Contact Centre category
- 2nd place overall in the industry
- 3rd place in both Medical Aid Product and Digital Channel categories

*"It feels amazing to work for the best medical aid Client Care centre in the country. Every call reminds me that I have the chance to help someone during a vulnerable moment, and that means a lot to me. Even on tough days, the support of my team and the difference we make in people's lives keeps me motivated and proud to be part of this family."* - Liesje Smit, Medihelp Client Care



## Member engagement

Our connection with members continues to deepen, particularly across digital platforms.

Medihelp recorded more than 1,17 million unique website visitors, alongside steady growth in social media engagement. More importantly, engagement levels remain well above industry benchmarks, reflecting communication that is both relevant and meaningful.

- More than 1,17 million unique website visitors
- Overall social media audience growth of 3,44%
  - LinkedIn +24,89%
  - Instagram +10,24%

Medihelp's communication approach increasingly focuses on delivering relevant, human-centred content that resonates with members' everyday lives.

- Thrive! and Floerer! member newsletter open rate of approximately 49% vs 32,8% industry benchmark
- Overall member email engagement rate of 57,66%
- Earned media value exceeding R20 million

These results confirm that effective communication is not only about sharing information, it is also about building trust, listening, and creating a sense of connection with our members.

*"This is how we build brand trust from the inside out - not by telling people what to believe, but by listening, reflecting, and co-creating something worth believing in."* - Lien Potgieter, Medihelp Head of Marketing

## Supporting communities through meaningful partnerships

At Medihelp, we recognise our responsibility to contribute to the communities and environments in which we operate. During the year, our corporate social investment activity focused on healthcare access, early childhood development, and holistic well-being.

For the first time, Medihelp became an external sponsor of the Phelophepa Healthcare Train, which brings medical, dental, and eye care to patients in underserved communities.



Through the MyWalk initiative, we helped distribute school shoes made from upcycled medical-grade PVC waste to learners in need, so they wouldn't have to go to school barefoot or without suitable shoes.

**3 429 pairs of school shoes distributed across multiple communities**

*"What does it mean for you to have new shoes?"*

*"A second chance, ma'am, at everything."* - School shoe recipient\*

Our commitment to early childhood development included support for the Bekezela Crèche in Newtown, Johannesburg, where we funded monthly stipends for four volunteer caregivers and provided kitchen equipment to enable daily nutritious meals for children in the reclamer community. We also sponsored transportation for the Transoranje School for the Deaf's sign language choir, Hands of Harmony, enabling them to perform alongside Theo van Wyk from the University of Pretoria.

This initiative reflects our commitment to inclusion and the development of young talent. Our contribution to High 5 helped primary school children develop resilience and emotional awareness from an early age.

Our employees continued to play an active role in community support throughout the year. This included donations to an animal welfare organisation over the festive season, as well as spending time with residents at Lofdal Retirement Village on Mandela Day.

Leadership involvement also remained a key part of our corporate citizenship. Members of our executive team, including Sandra Minne, Ritesh Ramdeen, and Shannon Gunkel, participated in the CEO Cycle Challenge, in partnership with the South African Hall of Fame, to help provide bursaries for learners from underprivileged backgrounds.

*"This sponsorship means a lot to me, especially to my family and me. The help we're getting, it really helps me in*

*my sport and my academics and just with the peace of mind."* - Bursary recipient\*

These initiatives remind us that corporate social responsibility isn't about checking boxes or meeting obligations. It's about recognising that we're all connected and that by lifting others up, we create stronger, more vibrant communities for everyone.

## Rooted in purpose, built for what's next

Healthcare will continue to evolve, but Medihelp is well-positioned for what lies ahead. Our strength lies not only in our financial resilience but also in how we continue to show up for our members with consistency, care, and integrity.

The progress made in 2025 provides a strong foundation for the future. Our focus remains clear: to deepen our personalised approach to care, strengthen sustainability, and continue earning the trust placed in us every day.

Medihelp's story is not only about how long we have been here but also about how we continue to serve - with excellence, compassion, collaboration, and transparency in every interaction, every decision, and every moment that matters.

Varsha Vala  
Principal Officer

\*Names have been withheld to protect the identity of the individual.

# Report of the Board of Trustees

The Board of Trustees hereby presents its report for the year ended 31 December 2025:

## 1. Description of the medical scheme

### 1.1. Terms of registration

Medihelp (The Scheme) is a not-for-profit open medical scheme registered with reference number 1149 in terms of the Medical Schemes Act 131 of 1998 as amended ("Medical Schemes Act, 1998").

### 1.2. Insurance contract options within Medihelp

The Scheme offered eight insurance contract options to employees of participating employers and members of the public during the period under review:

- MedPlus
- MedElite
- MedElect
- MedSaver
- MedPrime (plus efficiency-discounted option)
- MedAdd (plus efficiency-discounted option)
- MedVital (plus efficiency-discounted option)
- MedMove!

Medihelp provides cover for a variety of medical services, summarised as follows:

- Added insured benefits for various life stages (preventive screenings);
- Day-to-day risk benefits (for example, GP consultations and acute medicine);
- Medical savings account;
- Chronic medicine cover;
- Diagnostic services (for example, radiology and pathology);
- Hospital admissions and related services; and
- PMB level of care (prescribed minimum benefits).

### 1.3. Personal medical savings accounts (PMSA)

The PMSAs are managed in terms of the Rules of Medihelp, and the monies belong to the Scheme.

Members of the MedElite (10%), MedPrime (10%), MedAdd (15%), and MedSaver (25%) insurance contract options pay an agreed portion of their gross contributions (percentage shown in brackets) as governed by the Medical Schemes Act, 1998 into PMSAs. The PMSAs help members to cover their portion of healthcare costs, up to a prescribed threshold.

Members earn interest on the balance in their savings account at the end of each month, based on the interest earned on the savings funds that are invested in short-term investment instruments. The Scheme does not charge an administration fee for the management of members' PMSAs.

The liability to members in respect of the savings accounts is considered a non-distinct investment component (in terms of IFRS 17 Insurance Contracts). As such, this liability is included in the measurement of insurance contract liabilities in the Financial Statements, refundable in terms of regulation 10 of the Regulations under the Medical Schemes Act, 1998. Savings plan contributions are refundable when a member enrolls on another insurance contract option, at another medical scheme without a PMSA, or does not enrol at another medical scheme. The accumulated unused PMSA balance is transferred to the member in terms of the Rules of Medihelp.



## 2. Management

### 2.1. Board of Trustees in office during the year under review (in alphabetical order)

Trustee	Term of office
Adv JM Ferreira	18 June 2020 to June 2030
Mr JC Klopper (Chairperson)	20 June 2024 to June 2029
Adv PJ Louw	17 June 2021 to June 2026
Mr CP Mulder	26 June 2025 to June 2030
Mr TN van der Westhuizen	17 June 2021 to June 2026
Mr PM van Deventer	18 June 2020 to June 2025
Mr MJ Visser (Vice chairperson)	20 June 2024 to June 2029

A quorum was present at all Board of Trustees meetings held in 2025.

### 2.2. Principal Officer

Ms V Vala served as Principal Officer for the year 2025.

### 2.3. Registered office address and postal address

189 Clark Street  
Brooklyn  
Pretoria  
0181

PO Box 26004  
Arcadia  
0007

### 2.4. Investment managers during the year

Medihelp invested funds with three investment managers during the 2025 financial year: Allan Gray Life Limited, Ninety One SA Proprietary Limited, and MandG Investments Southern Africa (Pty) Ltd.

Allan Gray Life Limited  
1 Silo Square  
V&A Waterfront  
Cape Town  
8001

PO Box 51318  
V&A Waterfront  
Cape Town  
8002

FSP number: 6663

### MandG Investments Southern Africa (Pty) Ltd

Ground floor  
Oxford Corner  
32A Jellicoe Avenue  
Rosebank  
Johannesburg  
2196

FSP number: 45199

### Ninety One SA Proprietary Limited

36 Hans Strijdom Avenue  
Foreshore  
Cape Town  
8001

FSP number: 22588

### 2.5. Auditors

#### Deloitte & Touche

5 Magwa Crescent  
Waterfall City  
Waterfall  
2090

### 2.6. Attorneys

#### MacRobert Inc Attorneys

MacRobert Building  
1060 Jan Shoba Street  
Brooklyn  
Pretoria  
0181

Private Bag X18  
Pretoria  
0075

#### Webber Wentzel

90 Rivonia Road  
Sandton  
Johannesburg  
2196

PO Box 61771  
Marshalltown  
Johannesburg  
2107

#### GMI Attorneys

GMI House  
Harlequins Office Park  
164 Totius Street  
Groenkloof  
Pretoria  
0181

PO Box 619  
Pretoria  
0001

### 3. Review of the accounting period's activities

#### 3.1. Operational statistics per insurance contract

	For the year ended 31 December 2025								Total
	MedPlus	MedElite	MedPrime	MedAdd	MedVital	MedElect	MedSaver	MedMove!	
Average number of members during the accounting period	1 080	6 531	18 419	17 576	26 751	3 978	11 042	6 276	91 652
Number of members at the end of the accounting period	1 037	6 366	17 939	17 364	26 087	3 868	10 814	6 361	89 836
Average number of beneficiaries during the accounting period	1 352	9 121	38 831	41 950	63 435	7 250	24 903	6 901	193 744
Number of beneficiaries at the end of the accounting period	1 298	8 855	37 660	41 626	61 903	7 082	24 405	6 974	189 803
Dependants per member at the end of the accounting period	0,25	0,39	1,10	1,40	1,37	0,83	1,26	0,10	1,11
Insurance revenue per average beneficiary per month (R)	13 601	6 861	3 341	1 923	1 784	2 500	2 142	1 337	2 505
Insurance service expense ratio*	83,1%	101,7%	98,9%	98,7%	92,6%	102,2%	107,4%	72,8%	97,7%
Insurance service expense per average beneficiary per month (R)*	11 306	6 978	3 307	1 901	1 654	2 557	2 301	974	2 450
Relevant healthcare expenditure ratio**	78,2%	95,9%	92,1%	91,9%	86,5%	95,3%	99,8%	67,2%	91,2%
Relevant healthcare expenditure per average beneficiary per month (R)**	10 636	6 582	3 078	1 768	1 543	2 382	2 138	899	2 285
Non-healthcare expenditure as a percentage of insurance revenue***	6,7%	7,7%	8,4%	9,7%	8,6%	8,3%	10,9%	9,0%	8,8%
Non-healthcare expenditure per average beneficiary per month (R)***	912	528	281	186	153	207	234	121	220
Average age of beneficiaries	69	66	42	34	36	41	36	31	39
Pensioner ratio (beneficiaries > 65)	68,4%	66,0%	21,0%	10,2%	10,5%	19,2%	10,7%	5,1%	16,5%
									<b>Total</b>
Average Regulation 29 accumulated funds per member at the end of the accounting period****									R19 429
Return on investments as a percentage of investments									12,3%

	For the year ended 31 December 2024								Total
	MedPlus	MedElite	MedPrime	MedAdd	MedVital	MedElect	MedSaver	MedMove!	
Average number of members during the accounting period	1 291	7 359	20 105	18 062	28 784	6 829	11 455	3 968	97 852
Number of members at the end of the accounting period	1 236	7 145	19 630	17 679	27 955	6 808	11 188	3 899	95 540
Average number of beneficiaries during the accounting period	1 620	10 391	43 468	42 932	68 550	9 994	26 241	4 597	207 794
Number of beneficiaries at the end of the accounting period	1 549	10 033	42 183	42 054	66 510	9 894	25 607	4 574	202 404
Dependants per member at the end of the accounting period	0,25	0,40	1,15	1,38	1,38	0,45	1,29	0,17	1,12
Insurance revenue per average beneficiary per month (R)	12 273	6 163	2 973	1 744	1 599	1 919	1 912	1 462	2 280
Insurance service expense ratio*	78,3%	103,1%	98,3%	102,7%	102,2%	109,7%	107,0%	88,5%	100,9%
Insurance service expense per average beneficiary per month (R)*	9 613	6 343	2 923	1 793	1 636	2 110	2 046	1 300	2 302
Relevant healthcare expenditure ratio**	73,6%	96,8%	91,3%	94,7%	95,9%	102,0%	99,1%	83,1%	94,0%
Relevant healthcare expenditure per average beneficiary per month (R)**	9 037	5 953	2 717	1 654	1 535	1 960	1 895	1 220	2 145
Non-healthcare expenditure as a percentage of insurance revenue***	6,7%	7,8%	8,5%	9,8%	8,7%	8,5%	11,1%	8,8%	8,9%
Non-healthcare expenditure per average beneficiary per month (R)***	826	478	254	171	139	163	211	129	202
Average age of beneficiaries	68	65	42	34	36	35	35	36	38
Pensioner ratio (beneficiaries > 65)	67,0%	63,8%	21,0%	10,2%	10,5%	13,4%	9,3%	8,1%	15,6%
									<b>Total</b>
Average Regulation 29 accumulated funds per member at the end of the accounting period****									R13 829
Return on investments as a percentage of investments									10,0%

\* Insurance service expense ratio equals the total directly attributable insurance service expenses, which consist of claims incurred, insurance acquisition cash flows, third-party claims recoveries, accredited managed healthcare services, and directly attributable administrative expenditure incurred as a percentage of insurance revenue. Amounts attributable to future members are excluded.

\*\* Relevant healthcare expenditure ratio (claims ratio) equals insurance service expenses as per the statement of profit and loss and comprehensive income, excluding directly attributable administrative expenditure and the transfer of the liability to members for future benefits, plus net income / (expense) from reinsurance contracts held as a percentage of insurance revenue.

\*\*\* Non-healthcare expenditure includes direct and indirect administrative expenditure, asset management fees, and remeasurement of retirement benefit obligation.

\*\*\*\* Regulation 29 accumulated funds are not apportioned per insurance contract.

### 3.2. Results of operations

The results of the year's activities are clearly set out in the Financial Statements, and the Board of Trustees believes that no further clarification is required.

### 3.3. Funds and reserves

In terms of IFRS 17 Insurance Contracts (IFRS 17), members' funds, except for the revaluation reserve on financial assets, have been classified as non-current liabilities to members for future benefits. Refer to notes 9.3 and 13 to the Financial Statements.

### 3.4. Insurance contract liabilities

The basis of the calculation of the Liability for Incurred Claims (LIC) is set out in note 9 to the Financial Statements.

### 3.5. Reporting in terms of International Financial Reporting Standards (IFRS)

The Board of Trustees applied all the applicable requirements of International Financial Reporting Standards (IFRS) and the Medical Schemes Act, 1998 to the Financial Statements.

The Scheme's solvency ratio increased from 20,99% in 2024 to 27,01% in 2025. The improvement is mainly attributable to an increase in accumulated reserves during the year, largely driven by the realisation of previously unrealised investment gains following the disinvestment from the Allan Gray linked insurance policy. While these gains were already reflected in accumulated funds in prior periods, their realisation during 2025 increases accumulated funds on the regulatory solvency basis, resulting in an improvement in the Scheme's solvency ratio. Refer to note 6 to the Financial Statements.

## 4. Management of insurance risks

The primary insurance activity carried out by the Scheme assumes the risk of loss arising from the occurrence of a health event (insured event) from members and their dependants. This risk relates to the Scheme's actual experience differing from expectations during the budgeting process. This includes, but is not limited to, deviations on the loss ratio which can be attributed to membership and claims being different from what was expected.

The Scheme is exposed to uncertainty surrounding the timing and severity of claims under the insurance contract options and insurance revenue received due to membership enrolments, resignations, and movements between options being different from what is expected and budgeted for. The Scheme also has exposure to insurance risk through its insurance risk sharing and risk transfer activities.

The Scheme manages its insurance risk through benefit limits and sub-limits, approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, and the monitoring of emerging issues. Certain risks are mitigated by entering into risk transfer arrangements. A team of forensic auditors continuously investigates trends, service providers, and members for possible fraudulent transactions.

The Scheme uses several methods to assess and monitor insurance risk exposure, both for individual and overall types of risks insured. These methods include internal risk measurement models, reserve calculations, scenario analyses, managed healthcare protocols, reference pricing principles, managed care programmes, and financial projections, taking into account actual experience to date.

The results of model and scenario analyses are used for insurance contract design and pricing purposes. The theory of probability is applied to the pricing and

provisioning for a portfolio of insurance contract options. The principal risk is that the frequency and severity of claims will be greater than expected. The Board of Trustees also uses a Strategic Risk Register to gauge and manage the strategic risks associated with the Scheme and its sustainability. Insurance events are random by nature, and the actual number and size of events during any one year may vary from those estimated by using established statistical techniques.

### 4.1. Risk transfer arrangements

The Scheme was party to risk transfer agreements with the following service providers during the year under review: Netcare 911, Dental Risk Company (DRC), and Preferred Provider Negotiators (PPN). Details regarding the nature, terms and conditions, and results of these agreements are disclosed in note 10 to the Financial Statements.

### 4.2. Actuarial services

The role of actuaries at medical schemes is mainly to enhance risk management measures and to assist with insurance contract design and pricing. The contracted actuaries of the Scheme as at 31 December 2025 was 3ONE (Pty) Ltd t/a 3ONE Consulting Actuaries to perform the necessary actuarial functions.

3ONE was consulted regarding the determination of contribution and benefit levels, and also assisted in determining the assumptions used in the calculation of the liability for incurred claims, which are explained in note 9.1 to the Financial Statements.

The Scheme uses actuarial valuations in determining its post-employment benefit liability in terms of the requirements of IAS 19, Employee Benefits. 3ONE performed the valuation on the post-employment medical benefits. Refer to note 11 to the Financial Statements for further information.

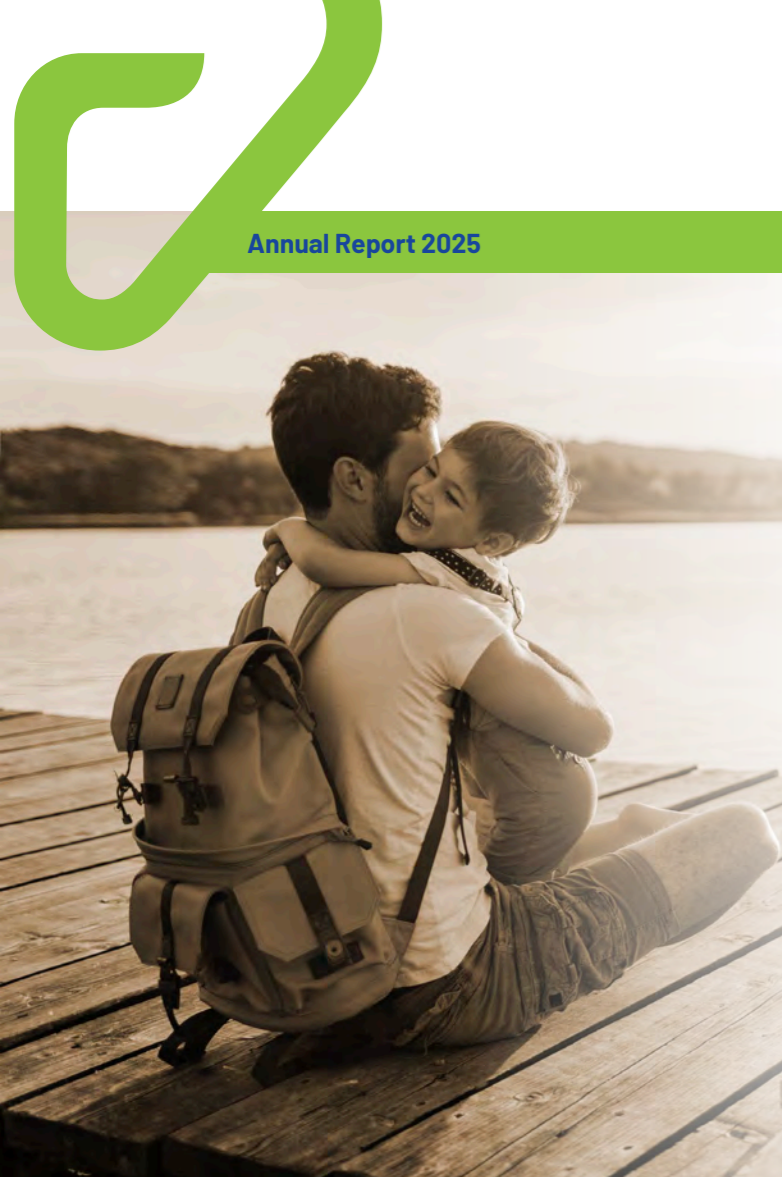
#### 3ONE (Pty) Ltd t/a 3ONE Consulting Actuaries

Ground Floor Northview Building  
Bryanston Place Office Park  
199 Bryanston Drive  
Bryanston  
Sandton  
Johannesburg  
2191

### 3.6 Solvency ratio

	2025	2024
	R	R
Total of liability to members for future benefits and revaluation reserve	2 159 803 147	1 848 292 062
Less: Unrealised investment gains	(342 212 444)	(334 478 570)
Revaluation reserve for financial assets	(346 655 507)	(317 493 566)
Reclassification of investments on adoption of IFRS 9 included in accumulated funds	4 443 063	(16 985 004)
Less: Net fair value gain on financial assets at fair value through profit or loss	(72 140 270)	(192 559 657)
Balance at the beginning of the year	(192 559 657)	(135 820 321)
Unrealised gains realised upon disinvestment of linked insurance policy, refer to note 6 to the Financial Statements.	179 807 275	-
Movement in current year	(59 387 888)	(56 739 336)
Accumulated funds per regulation 29 of the Regulations under the Medical Schemes Act, 1998	1 745 450 433	1 321 253 835
Gross contributions	6 461 197 398	6 295 797 028
Solvency ratio calculated as the ratio of accumulated funds/gross annual contributions x 100	27,01%	20,99%
Minimum ratio required by regulation 29 of the Regulations under the Medical Schemes Act, 1998	25,00%	25,00%

For disclosure on capital risk management, refer to note 19.2 to the Financial Statements.



## 5. Fidelity cover

The Scheme has adequate fidelity cover in place, as required by the Medical Schemes Act, 1998.

## 6. Investments in and loans to participating employers of members of the medical scheme and other related parties

The Scheme holds investments in participating employers of medical scheme members (refer to paragraph 16.4 of the Board of Trustees' report for non-compliance disclosure).

The Scheme holds an investment in Curamed Holdings (Pty) Ltd, which is representative of one of the Scheme's network providers. Details are disclosed in the Related Party note 21 to the Financial Statements.

## 7. Related party transactions

Related party transactions are disclosed in note 21 to the Financial Statements.

Trustee remuneration is disclosed in note 26 to the Financial Statements.

## 8. Audit and Risk Committee

The Audit and Risk Committee (ARC) was established in accordance with the provisions of the Medical Schemes Act, 1998. The Committee is mandated by the Board of Trustees by means of the Audit and Risk Committee Charter, which regulates its membership, authority, and duties.

The purpose of the Committee is to assist the Board in fulfilling its duties to ensure the integrity of reporting and reviewing the effectiveness of the financial reporting process, the system of internal controls, the assurance process, and the Scheme's process for monitoring compliance with laws, regulations, the Board's Code of Conduct, and the Rules of Medihelp.

The Committee consists of five members: two are members of the Board of Trustees and three, including the chairperson, are independent members. The meetings indicated below were also attended by the Principal Officer, the external auditors, relevant senior management, and internal auditors of the Scheme, who had a standing invitation to attend these meetings. The Committee met on three occasions during the course of the year:

18 February 2025

16 April 2025

18 August 2025

The Committee members attended the meetings as follows:

**18 February 2025:** PM van Deventer, TN van der Westhuizen, G Kapp, JP Nieuwenhuis, and JE Carstens.

**16 April 2025:** PM van Deventer, TN van der Westhuizen, G Kapp, JP Nieuwenhuis, and JE Carstens.

**18 August 2025:** MJ Visser, TN van der Westhuizen, G Kapp, JP Nieuwenhuis, and JE Carstens.

The Committee reported that:

- Its terms of reference were updated and approved by the Board of Trustees;
- It carried out its duties in terms of the Medical Schemes Act, 1998 and the written and approved Audit and Risk Committee Charter of the Board of Trustees;
- It has evaluated the external auditors for the following:
  - o Their independence, the skill level of the engagement team, and the ethical standing of the firm;
  - o The approval of the firm and the engagement partner by the Council for Medical Schemes (CMS); and
  - o Their overall performance.
- The Committee also took note of the findings of inspection reports by the Independent Regulatory Board for Auditors, where applicable;
- The Board of Trustees, on recommendation of the Committee, recommended to the annual general meeting the appointment of Deloitte as statutory auditors to the Scheme for the 2025 financial year;
- It carried out oversight of the risk and governance processes adopted and implemented by the Board of Trustees and management;
- The assurance provided by management, the external auditors, and the internal auditors satisfied the Committee that internal controls are adequate and effective;
- It monitored the relationship between the external assurance providers and the Scheme;
- It approved the internal audit and forensic investigations plans and reviewed and commented on the internal audit and forensic investigations reports;
- It conducted oversight of the Scheme's financial reporting risks, internal financial controls, information technology (IT) and fraud risks as they relate to financial reporting;
- It reviewed the documented assessment, prepared by management, of the Scheme's status as a going concern;
- It reviewed the Scheme's audited Financial Statements and accounting policies, obtained assurances from the external auditors, and recommended the adoption of the Financial Statements by the Board of Trustees for presentation to the members;
- It reviewed the Scheme's annual report and recommended its approval by the Board of Trustees;
- It performed a self-evaluation;
- It performed a review of the qualifications and experience of the finance personnel and was satisfied that they are suitably qualified and experienced; and

- The Committee was satisfied that the policies and procedures implemented by management were sufficient to ensure that the controls related to the accounting and information system are adequate, effective, and in compliance with the requirements of the CMS.

The Committee confirmed that a combined assurance model is applied to address the strategic risks facing the Scheme. The combined assurance model is being updated following improvements to the risk management process and identification of all significant and emerging risks.

The Governance, Risk and Compliance Committee (GRC), which reports to the ARC, regularly reviews and monitors the Scheme's risk management and governance framework and strategy in compliance with relevant legislation, Scheme rules, and codes of good practice. This is done to support the Scheme's business and strategic objectives. The assurances provided by management, the external auditors, and the internal auditors have satisfied the Committee that internal controls are adequate and effective.

The Committee also reviewed the corporate governance policies adopted by the Board of Trustees and made recommendations where appropriate. The Committee also noted feedback from the Information and Communication Technology (ICT) Committee, Investment Committee, Clinical Risk Committee, and the Human Resources Committee.

Up to 24 July 2025, the Committee comprised Mr GJ Kapp (independent chairperson), Mr JE Carstens (independent member), Mr TN van der Westhuizen (Trustee), Mr PM van Deventer (Trustee), and Mr JP Nieuwenhuis (independent member). With effect from 24 July 2025, following changes to the composition of the Board of Trustees, Mr CP Mulder was appointed as a Trustee and Mr PM van Deventer was not reappointed, resulting in a vacancy on the Committee. Mr MJ Visser was subsequently designated to fill this vacancy on the Audit and Risk Committee. The composition of the Committee remained unchanged thereafter until year end.

The members of the ARC hold the following qualifications:

- Mr JE Carstens – BCom (Ed), BCompt, CIA, CRMA, CISA;
- Mr GJ Kapp – BComHons, CA (SA);
- Mr TN van der Westhuizen – BComptHons, MBA, CPA;
- Mr PM van Deventer – BCom, MBA;
- Mr JP Nieuwenhuis – BComptHons, CA (SA); and
- Mr MJ Visser – BCom (Ed), BCom, MBA.

## 9. Investment Committee

The Investment Committee was established and is mandated by the Board of Trustees by means of written terms of reference to its membership, authority, and duties. This Committee consists of four members who are members of the Board of Trustees. The Committee met on four occasions during the year:

6 February 2025

5 April 2025

5 August 2025

11 November 2025

The meetings were attended by all members of the Committee.

The purpose of the Investment Committee is to assist the Board of Trustees in fulfilling its duties by ensuring that the relevant laws and regulations relating to the investment of excess funds are adhered to and to review the Investment Policy Statement (strategy document), the Investment Policy, and the Investment Committee Charter for approval by the Board of Trustees. The Committee also provides an enabling environment for the proper administration of Medihelp's investments.

The Scheme's investment objective is to maximise the return on its investments on a long-term basis at minimal risk. The investment strategy takes into consideration legislative constraints as well as constraints imposed by the Board of Trustees. The mandate given by the Board of Trustees to the Investment Committee is to invest surplus funds in accordance with risk-minimising measures at institutions offering the highest possible returns. The Scheme also invests in fixed deposits (short-term investments) and money market instruments for purposes of cash flow planning related to predetermined claims payment dates.



The Investment Committee discharged its responsibilities during 2025 as follows:

- The Medihelp Investment Policy Statement (strategy document), the Investment Policy, and Investment Committee Charter were reviewed with changes and were recommended for approval by the Board of Trustees. The documents were approved by the Board of Trustees in November 2025;
- The performance of all investments (short- and long-term) was evaluated and monitored at the hand of presentations by asset managers and reviews of reports submitted and presented to the Committee at its meetings;
- The Scheme's investment portfolio was further evaluated from a strategic perspective to ensure that the decisions taken by the Committee were in line with market trends and in the best interest of the members. This was achieved through consideration of the performance of portfolio investments against defined benchmarks;
- The Committee monitored the Scheme's disinvestment from its linked insurance policy in Allan Gray in 2025 and the reinvestment of the proceeds in two diversified linked insurance policy portfolios in order to enhance the Scheme's diversification of long-term investments;
- The adequacy of the Scheme's cash resources over the short term, compared to budgeted claims, was monitored continuously and included in the reports reviewed by the Committee; and
- Compliance with the requirements of the short- and long-term investments of the Scheme, as set out in Annexure B of the Regulations under the Medical Schemes Act, 1998, was also monitored throughout 2025.

The Scheme's financial assets details are disclosed in note 6 to the Financial Statements.

The Committee comprised of the following members:

- Mr PM van Deventer (chairperson) (term ended 26 June 2025);
- Adv PJ Louw;
- Mr TN van der Westhuizen (chairperson) (appointed 24 July 2025);
- Mr MJ Visser; and
- Mr CP Mulder (appointed 26 June 2025).

## 10. Human Resources Committee

The Human Resources Committee was established and mandated by the Board of Trustees through its Charter. The Committee consists of five members, three of whom are members of the Board of Trustees. The Committee met on three occasions during the year:

**19 February 2025**

**8 April 2025**

**13 November 2025**

These meetings were attended by all members of the Committee.

The Human Resources Committee discharged its responsibilities for the 2025 financial year by addressing the following matters:

- Review of Human Resources Policies and the Committee Charter;
- Nomination of Board members;
- Incentives;
- Performance and reward for executive management;
- Salary increases;
- Honorarium of the Board of Trustees and sub-committees and reporting thereon;
- Filling of the executive positions;
- Human Resources Strategy;
- Learning initiatives and employee wellness;
- Ethics;
- Employment equity – highlighted the continued focus on improving diversity at all levels;
- Stakeholder engagement – strategies to enhance member satisfaction;
- Strategies to enhance continuous innovation in benefit designs to stay competitive in the market; and
- Advocating for greater transparency regarding compensation and performance evaluations.

During the year, the Committee members comprised the following Board of Trustees and independent members:

- Mr MJ Visser (chairperson);
- Adv JM Ferreira;
- Mr PM van Deventer (term ended 26 June 2025);
- Mr CP Mulder (appointed 26 June 2025);
- Mr JP van Zittert (independent member); and
- Mrs R Wolmarans (independent member).

The independent members of the Human Resources Committee hold the following qualifications and memberships:

- Mr JP van Zittert – BCom Industrial Psychology, BCom Hons Industrial Psychology, MCom Industrial Psychology, Registered Industrial Psychologist, Reward Specialist (SARA); and
- Mrs R Wolmarans – BCom HR Management, BComHons HR Management, MCom Industrial Psychology, Registered Industrial Psychologist.

## 11. Governance, Risk and Compliance (GRC) Committee

The GRC Committee's mandate is to regularly review and monitor the Scheme's risk management and governance framework and strategy, in compliance with the relevant legislation, Scheme rules and codes of Good Practice, such as the King IV Report on Corporate Governance™ (King IV). This is done to support the Scheme's business objectives. The Scheme follows an integrated governance assurance approach to govern and manage governance, risk management, and compliance processes.

The GRC Committee reports to the ARC and discharged its responsibilities for the year by overseeing the following:

- Critical strategic risk matters and practical measures to address problem areas;
- Certain focus areas as determined by the Board of Trustees from time to time; and
- Compliance with the stipulations of the Medical Schemes Act, 1998 as well as any further legislation that affect the governance of the Scheme.

The Scheme fully complied with its regulatory and legislative obligations. It did not receive any penalties or fines during this reporting period, and no stakeholders, internally or externally, raised any notable concerns. This, together with the various improvements and projects completed during this period, is testament to the success of the Committee.

The GRC Committee met on the following dates, and all meetings were attended by all members:

**1 April 2025**

**12 August 2025**

**4 November 2025**

The Committee comprised of the following members:

- Adv PJ Louw (chairperson);
- Mr JM Ferreira;
- Mr JC Klopper;
- Mr MJ Visser (term ended 26 June 2025); and
- Mr TN van der Westhuizen (appointed 26 June 2025).

## 12. The Information and Communication Technology (ICT) Committee

The ICT Committee was established and mandated by the Board of Trustees with written conditions regarding its membership, authority, and duties, in line with the ICT charter. The overall objective of this Committee, a sub-committee of the GRC (previously known as the Oversight Committee), is in compliance with King IV: Principle 12. The ICT Committee's primary role is to provide strategic oversight on information and technology management and related investments, ensuring alignment with organisational goals and sustainable value creation. Its role extends to overseeing the ethical, secure, and effective use of technology in the organisation, in line with the principles of transparency, accountability, and risk mitigation. To this end, the composition of the Committee includes members of the Board of Trustees and two independent information technology (IT) experts. The Committee met consecutively with the GRC Committee on the following dates, and all meetings were attended by all members of the Committee:

**1 April 2025**

**12 August 2025**

**4 November 2025**

The ICT Committee ensures ICT compliance with business objectives and focuses on:

- Ensuring that systems development and maintenance are cost-effective, efficiently managed, and of value;
- Future planning, monitoring, and reporting in terms of ICT risks, resources, and efficiencies;
- Ensuring best practice and good governance; and
- Cybersecurity, including measures to mitigate associated risks and focus on business continuity.

The Committee comprised of the following members:

- Adv PJ Louw (chairperson);
- Adv JM Ferreira;
- Mr JC Klopper;
- Mr TN van der Westhuizen (appointed 26 June 2025);
- Mr MJ Visser (term ended 26 June 2025);
- Mr P Lutchman (independent member); and
- Mr P Naidoo (independent member).

The independent members of the ICT Committee hold the following qualifications and membership:

- Mr P Lutchman – CTO/CIO/CDO, Global Startup Mentor at the Founder Institute, Fellow at the Institute of Directors in Southern Africa, BScPharm; and
- Mr P Naidoo – Executive MBA, PGDip.

### 13. Rule and Product Committee

The Rule and Product Committee was established and mandated by the Board of Trustees with written conditions regarding its membership, authority, and duties. The purpose of the Rule and Product Committee is to recommend to the Board of Trustees changes to existing insurance contract options, discontinuation of existing insurance contract options, and/or the introduction of new insurance contract options. This includes related products such as value-add programmes, with the purpose of assisting the Board of Trustees in fulfilling its responsibilities to ensure that insurance contract options comply with relevant laws and regulations. The Committee also ensures that products support Medihelp's marketing strategy, are marketable in the medical scheme industry, and are financially viable. The Committee further recommends to the Board of Trustees all rule changes to assist the Board in fulfilling its responsibilities to ensure that the Rules of Medihelp comply with relevant laws and regulations and provide an enabling environment for the proper administration of Medihelp's affairs. The Committee met on three occasions during the course of the year:

**6 May 2025**  
**12 June 2025**  
**7 August 2025**

These meetings were attended by all members of the Committee.

The Committee comprised of the following members:

- Mr TN van der Westhuizen (chairperson of the meetings held on 6 May 2025 and 12 June 2025);
- Adv JM Ferreira;
- Mr JC Kloppe;
- Adv PJ Louw;
- Mr PM van Deventer (term ended 26 June 2025);
- Mr MJ Visser; and
- Mr CP Mulder (appointed on 26 June 2025 and chairperson of the meeting held on 7 August 2025).

### 14. Clinical Risk Committee

The Clinical Risk Committee was established and mandated by the Board of Trustees with written conditions regarding its membership, authority, and duties. The role of the Committee is to assist the Board in ensuring that the Scheme's clinical risk is effectively managed and implemented, taking into account the growing complexity of clinical risks and the advancement and cost of healthcare technology, while ensuring that the investment in managed care is appropriately managed and the necessary interventions are timeously implemented. The committee consists of four members of the Board of Trustees and one independent member with expertise in the management of clinical risks within the medical schemes environment.

The Committee met on three occasions during the year:

**3 April 2025**  
**7 August 2025**  
**6 November 2025**

The meetings were attended by the Committee members as follows:

**3 April 2025:** JC Kloppe, PJ Louw, JM Ferreira, P Vorster and TN van der Westhuizen.  
**7 August 2025:** JC Kloppe, PJ Louw, JM Ferreira, P Vorster and CP Mulder.  
**6 November 2025:** JC Kloppe, PJ Louw, JM Ferreira, P Vorster and CP Mulder.

At year end, the Committee comprised:

- Adv JM Ferreira (chairperson);
- Mr JC Kloppe;
- Adv PJ Louw;
- Mr CP Mulder; and
- Mr P Vorster (independent member).

The independent member, Mr P Vorster, holds the qualifications BEng Industrial Engineering and BCom Financial Management.

### 15. Board of Trustees and committee meeting attendance and remuneration

The schedule below sets out the attendance of meetings of the Board of Trustees and attendance by members of committees of the Board of Trustees. Trustee remuneration is disclosed in note 26 to the Financial Statements.

	Board of Trustees	Audit and Risk Committee	Investment Committee	Rule and Product Committee	ICT Committee and GRC Committee	Clinical Risk Committee	Human Resources, Social and Ethics Committee
Number of meetings for the year	6	3	4	4	3*	3	3
<b>Trustee/Committee member</b>							
<b>Trustees</b>							
JM Ferreira	6			4	3	3	3
JC Kloppe	6			4	3	3	
PJ Louw	6		4	3	3	3	
TN van der Westhuizen	6	3	4	4	2	1	
PM van Deventer (term ended 26 June 2025)	2	2	2	2			2
MJ Visser**	6	1	4	3	1		3
CP Mulder (appointed 26 June 2025)	4		2	2		2	1
<b>Independent members</b>							
JE Carstens		3					
GJ Kapp		3					
PS Lutchman					3		
P Naidoo					3		
JP Nieuwenhuis		3					
JP van Zittert							3
P Vorster					3		
R Wolmarans							3

\* The ICT Committee is a sub-committee of the Governance, Risk and Compliance Committee, and meetings were held simultaneously.

\*\* MJ Visser was newly appointed to the Audit and Risk Committee in 2025 and attended the last meeting of the year in August 2025.



## 16. Non-compliance with the Medical Schemes Act, 1998

### 16.1. Limitations of investments in unlisted shares

In terms of regulation 30(1) and Annexure B of the Medical Schemes Act, 1998 the maximum percentage of aggregate fair value of liabilities for investments in unlisted shares is 2,5%. Due to the increase in the fair value of Curamed Holdings (Pty) Ltd, the Scheme exceeds this limitation, although the cost of the investment still falls within the 2,5% requirement. The Board of Trustees classified the Curamed share investment as a long-term strategic asset that will not be sold in the short term. The Scheme was granted exemption in terms of regulation 30(8) until 31 December 2026.

### 16.2. Limitation of investments in immovable property

In terms of Annexure B, Category 3(a) of the Medical Schemes Act, 1998, the maximum percentage of aggregate fair value of liabilities for investments in immovable property is 2,5%. The fair value of the Scheme's offices (owned property) exceeds this limitation, but it still falls within the overall property category limitation per Annexure B of 10%. The Scheme was granted exemption in terms of regulation 8(h) until 31 December 2026.

### 16.3. Contribution income not received after three days of becoming due

In terms of section 26(7) of the Medical Schemes Act, 1998, all subscriptions or contributions must be paid directly to a medical scheme not later than three days after payment thereof becomes due. In this regard, rule 18(10) of the Rules of Medihelp stipulates that the Board of Trustees must take all reasonable steps to ensure that contributions are paid timeously to the Scheme in accordance with the Act and the Rules. In order to give effect to this stipulation, rule 11(6) determines the manner in which arrear contributions are dealt with. However, with regard to the application of section 26(7) of the Medical Schemes Act, 1998 it is important to note that Medihelp has no control over the timely payment of contributions to the Scheme. This issue was raised with the CMS, and the Scheme has received written confirmation that the legal obligation lies with the member or employer to pay contributions within the prescribed period.

### 16.4. Investments in administrators and employer groups

In terms of section 35(8)(c) of the Medical Schemes Act, 1998 a medical Scheme shall not invest any of its assets in the business of or grant loans to any administrator. The Scheme held an investment in Momentum Metropolitan Holdings Limited via its investment in a linked insurance policy. The Scheme was granted an exemption in terms of section 35(8)(c), which is valid

until 31 December 2028. Section 35(8)(a) states that a medical scheme shall not invest any of its assets in the business of or grant loans to an employer who participates in the medical scheme. The Scheme held investments in various employer groups via its investments in linked insurance policies and a collective investment scheme. The Scheme was granted an exemption in terms of section 35(8)(a), which is valid until 31 December 2028.

### 16.5. Financial soundness of insurance contracts

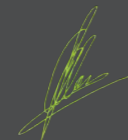
Each insurance contract must be self-supporting in terms of membership and financial performance and must be financially sound. The MedElite, MedElect, and MedSaver insurance contracts realised a negative insurance service result for the year ended 31 December 2025. Each of these options is monitored and evaluated on an ongoing basis, and specific strategies are continuously implemented based on the risks, claim patterns, conditions, and procedures identified. Intervention strategies include, inter alia, managed care interventions, managing hospital readmissions, monitoring high-risk members, and benefit adaptations.

### 16.6. Claims not paid within thirty days from date of receipt

In terms of section 59(2) of the Medical Schemes Act, 1998 a medical scheme shall, in the case where an account has been rendered, subject to the provisions of this Act and the rules of the medical scheme concerned, pay to a member or supplier of the service, any benefit owing to that member or supplier within thirty days after the day on which the claim in respect of such benefit was received by the scheme. During the financial year, the Scheme did not comply fully with this requirement, as certain claims were paid after the prescribed 30-day period, due to an isolated file import failure. Given the volume of claims handled by the Scheme, the low number of exceptions noted are not regarded as significant. The Scheme has implemented further strict control measures to minimise the incidence of these cases.

## 17. Subsequent events

The Board of Trustees is not aware of any events after the reporting period that require disclosure in the Financial Statements.



JC Klopper  
Chairperson



MJ Visser  
Vice Chairperson



# Statement of responsibility by the Board of Trustees



The trustees are ultimately responsible for the preparation, integrity, and fair presentation of the Financial Statements of the Scheme and for ensuring that proper systems of internal control are employed by and on behalf of the Scheme. The Financial Statements presented on pages 20 to 67 have been prepared in accordance with IFRS, as issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) Interpretations applicable to schemes reporting under IFRS. The Financial Statements are also prepared in accordance with the Medical Schemes Act, 1998 as amended, which requires additional disclosures for registered medical schemes.

The trustees consider that, in preparing the Financial Statements, the most appropriate accounting policies were implemented, consistently applied, and supported by reasonable and prudent judgements and estimates, and that all IFRS requirements considered to be applicable were followed.

The trustees are satisfied that the information contained in these Financial Statements fairly presents the financial position of the Scheme as at 31 December 2025, as well as its financial performance and cash flows for the year then ended. The trustees also prepared the other information included in the annual report and are responsible for both its accuracy and its consistency with the Financial Statements.

The trustees are ultimately responsible for ensuring that accounting records are kept. These records should disclose, with reasonable accuracy, the Scheme's financial position. The Scheme operated in an established controlled environment, which is properly documented and regularly reviewed.

The trustees of the Scheme are responsible for overseeing the controls and security of the website, and where applicable, for establishing and managing the process for electronically distributing annual reports and other financial information to members and to the Council for Medical Schemes.

The going concern basis has been adopted in preparing the Financial Statements. Based on forecasts and available cash resources, the trustees have no reason to believe that the Scheme will not be a going concern in the foreseeable future.

The Scheme's external auditors, Deloitte and Touche, audited the Financial Statements and are responsible for reporting on their fair presentation. The Scheme's auditors have unrestricted access to all financial records and related data, including minutes of all meetings of members, the trustees, and committees of the Board. The trustees believe that all their representations to the external auditor during the audit were accurate and appropriate. The audit report is presented on page 14 to 19 of the Financial Statements.

The Financial Statements were approved by the Board of Trustees on 23 April 2026 and signed on behalf of the Board by:

JC Klopper  
Chairperson

MJ Visser  
Vice Chairperson

V Vala  
Principal Officer



# Statement of corporate governance by the Board of Trustees



The Board of Trustees is committed to the principles and practice of fairness, openness, integrity, and accountability in all dealings with its stakeholders. The Medihelp Board of Trustees Charter, which requires each trustee to sign an Undertaking in terms of the Medihelp Code of Conduct, has been adhered to. The trustees are also committed to the principles of the Code of Corporate Practices and Conduct as set out in the King IV Report on Corporate Governance™ for South Africa 2016.



## Board of Trustees

The trustees meet regularly and monitor the performance of the Scheme. They address a range of key issues and ensure that discussions on policy, strategy, and performance are critical, informed, and constructive.

The Board of Trustees consists of six members who are elected by the Scheme's members at the annual general meeting. Trustees are elected and appointed for a five-year period and may be re-elected, provided that no trustee may serve more than two consecutive terms and more than three terms altogether.

All trustees have access to the advice and services of the Principal Officer and may, where appropriate, seek independent professional advice at the expense of the Scheme to support them in their duties. In terms of the Board of Trustees' Charter, trustees should ensure that an annual performance evaluation is completed to identify any training needs of trustees. The Board of Trustees' Charter also determines that the performance of all committees is assessed annually to ensure their credibility.

The Board of Trustees ensures that service providers' performance is monitored in line with applicable service-level agreements.

## Internal control and risk management

The Board of Trustees establishes and manages internal controls (manual and automated) and systems. These controls and systems are designed to provide reasonable but not absolute assurance about the integrity and reliability of the Financial Statements and to safeguard the Scheme's assets through its combined assurance model. The Scheme's internal controls are based on established policies and procedures and are exercised by trained personnel with the appropriate segregation of duties.

The governance structures within the Scheme – consisting of, amongst others, the Audit and Risk Committee, the Governance, Risk and Compliance Committee, and the IT Steering Committee – contribute towards the achievement of the strategic objectives of the Scheme. The various Committee Charters, applicable frameworks, and policies are aligned with the King IV™ principles and international best practices and standards.

The Board of Trustees is ultimately responsible for the Scheme's risk management and has a formal risk evaluation process in place. The GRC Committee oversees and holds management accountable for implementing effective risk and compliance management, including considering opportunities and associated risks when developing strategy. The GRC Committee also monitors the effectiveness of risk management and makes recommendations to the Board of Trustees.

No event or matter has come to the attention of the Board of Trustees that would indicate a material breakdown in the functioning of the key internal controls and systems that were in operation during the year under review.

JC Klopper  
Chairperson

MJ Visser  
Vice Chairperson

V Vala  
Principal Officer



## Statement of financial position at 31 December 2025

Assets	Note	2025	2024
		R	R
<i>Non-current assets</i>		1 325 533 235	1 089 682 067
Intangible assets	5	9 941 707	9 683 382
Property, plant, and equipment	4	97 632 206	99 646 302
Financial assets at fair value through other comprehensive income	6	364 107 657	334 945 717
Financial assets at fair value through profit or loss (FVPL)	6	853 851 665	645 406 666
<i>Current assets</i>		1 437 498 929	1 300 736 764
Financial assets at fair value through profit or loss (FVPL)	6	672 489 659	718 071 928
Financial assets at amortised cost	7	30 842 486	28 194 462
Cash and cash equivalents	8	734 166 784	554 470 374
<b>Total assets</b>		<b>2 763 032 164</b>	<b>2 390 418 831</b>

Funds and liabilities	Note	2025	2024
		R	R
		346 655 507	317 493 566
Investments at fair value through other comprehensive income fair value reserve		346 655 507	317 493 566
<i>Non-current liabilities</i>		1 827 427 919	1 543 705 652
Retirement benefit obligations	11	14 280 279	12 907 156
Liability to members for future benefits	9	1 813 147 640	1 530 798 496
<i>Current liabilities</i>		588 948 738	529 219 613
Insurance contract liabilities	9	574 196 484	478 141 026
Trade and other payables	12	8 019 520	43 795 196
Reinsurance contract liability	10	5 582 013	6 061 547
Retirement benefit obligations	11	1 150 721	1 221 844
<b>Total funds and liabilities</b>		<b>2 763 032 164</b>	<b>2 390 418 831</b>

## Statement of profit and loss and other comprehensive income for the year ended 31 December 2025

	Note	2025	2024
		R	R
Insurance revenue	13	5 823 429 114	5 684 406 082
Insurance service expense*	13	(5 695 024 522)	(5 740 770 026)
<b>Net income from risk transfer arrangements / reinsurance contracts held</b>		<b>39 840 116</b>	<b>45 203 067</b>
Risk transfer arrangement premiums paid	13.3	(173 792 637)	(181 584 154)
Recoveries under risk transfer arrangements	13.3	213 632 753	226 787 221
<b>Insurance service result</b>		<b>168 244 708</b>	<b>(11 160 877)</b>
<b>Other income</b>		<b>313 260 778</b>	<b>231 767 918</b>
Investment income	17	166 318 461	168 231 005
Net other gains	16	140 277 241	58 392 906
Sundry income	18	6 665 076	5 144 007
<b>Other expenditure</b>		<b>(199 156 342)</b>	<b>(189 892 102)</b>
Other administration expenditure	15	(178 187 439)	(170 478 721)
Asset management fees		(3 489 586)	(3 101 169)
Finance costs		(17 479 317)	(16 312 212)
<b>Surplus before amounts attributable to members for future benefits</b>		<b>282 349 144</b>	<b>30 714 939</b>
<b>Transfer to the liability to members for future benefits*</b>	9.3	<b>(282 349 144)</b>	<b>(30 714 939)</b>
<b>Surplus for the year</b>		<b>-</b>	<b>-</b>
<b>Other comprehensive income</b>		<b>29 161 941</b>	<b>1 666 397</b>
<i>Items that will not be reclassified to profit or loss</i>			
Changes in the fair value of equity investments at fair value through other comprehensive income (FVOCI)		29 161 941	1 666 397
<b>Total comprehensive income for the year</b>		<b>29 161 941</b>	<b>1 666 397</b>

\* Circular 6 of 2025 issued by the CMS requires medical schemes to present amounts attributable to members for future benefits separately from the insurance service expense and the insurance service result.

Insurance Service Expense in accordance with IFRS 17 includes the transfer to the liability to members for future benefits. The total value of insurance service expense, therefore, amounts to R5 977 373 666 (2024: R5 771 484 965).

Included in insurance service expense is relevant healthcare expenditure of R5 311 951 554 (2024: R5 348 986 752), which consists of net claims incurred and accredited managed healthcare services (no transfer of risk).

## Statement of changes in reserves for the year ended 31 December 2025

	Investments at fair value through other comprehensive income fair value reserve	Total
	R	R
Balance as at 1 January 2024	315 827 169	315 827 169
Total comprehensive income for the year	1 666 397	1 666 397
<b>Balance as at 31 December 2024</b>	<b>317 493 566</b>	<b>317 493 566</b>
Balance as at 1 January 2025	317 493 566	317 493 566
Total comprehensive income for the year	29 161 941	29 161 941
<b>Balance as at 31 December 2025</b>	<b>346 655 507</b>	<b>346 655 507</b>

## Statement of cash flows for the year ended 31 December 2025

	Note	2025	2024
		R	R
<b>Cash flow from operating activities</b>			
Cash receipts from members and providers		6 453 999 206	6 399 042 777
Cash receipts from members – contributions		6 447 780 693	6 395 563 453
Cash receipts from members and providers – other		6 218 513	3 479 324
Cash paid to providers, employees, and members		(6 399 311 629)	(6 408 840 533)
Cash paid to providers and members – claims		(6 026 433 858)	(6 067 626 745)
Cash paid to reinsurers		(180 317 624)	(182 341 098)
Cash paid to providers and employees – non-healthcare expenditure		(181 451 591)	(148 252 295)
Cash paid to members – savings plan refunds		(11 108 556)	(10 620 395)
<b>Cash generated/(utilised) by operations</b>		<b>54 687 577</b>	<b>(9 797 756)</b>
Finance expenses from insurance contracts issued – PMSA		(17 479 317)	(16 312 212)
<b>Net cash generated from/(utilised) by operations</b>		<b>37 208 260</b>	<b>(26 109 968)</b>

	Note	2025	2024
		R	R
<b>Cash flows from investing activities</b>			
Purchase of property, plant, and equipment	4	(10 761 933)	(7 852 939)
Additions to financial assets		(839 745 695)	(461 393 156)
Programming cost capitalised through intangible assets	5	(2 208 000)	(328 442)
Proceeds from sale of property, plant, and equipment		315 780	1 140 437
Proceeds from realisation of financial assets		890 269 138	527 996 764
Interest received	17	62 502 816	66 963 731
Dividends received	17	42 116 044	38 279 335
<b>Net cash generated by investing activities</b>		<b>142 488 150</b>	<b>164 805 730</b>
Net movement in cash and cash equivalents		179 696 410	138 695 762
Cash and cash equivalents at the beginning of the year		554 470 374	415 774 612
<b>Cash and cash equivalents at the end of the year</b>	8	<b>734 166 784</b>	<b>554 470 374</b>

## Trustees' remuneration

2025	Fees for Board of Trustees meeting attendance	Fees for committee meeting attendance	Other remuneration	Telephone allowance	Total remuneration	Travel and accommodation expenses	Total considerations
	R	R	R	R	R	R	R
JM Ferreira	192 838	353 184	15 880	3 336	565 238	-	565 238
JC Klopper	507 472	252 918	-	3 336	763 726	-	763 726
PJ Louw	192 838	354 412	-	3 336	550 586	-	550 586
CP Mulder	130 632	197 669	-	1 668	329 969	-	329 969
TN van der Westhuizen	192 838	376 347	-	3 336	572 521	-	572 521
PM van Deventer	62 206	194 803	-	1 668	258 677	-	258 677
MJ Visser	350 158	332 148	18 323	3 336	703 965	-	703 965
	<b>1 628 982</b>	<b>2 061 481</b>	<b>34 203</b>	<b>20 016</b>	<b>3 744 682</b>	<b>-</b>	<b>3 744 682</b>

2024	Fees for Board of Trustees meeting attendance	Fees for committee meeting attendance	Other remuneration	Telephone allowance	Total remuneration	Travel and accommodation expenses	Total considerations
	R	R	R	R	R	R	R
JM Ferreira	183 930	312 495	20 640	3 180	520 245	-	520 245
JC Klopper	484 026	216 751	-	3 180	703 957	-	703 957
PJ Louw	183 930	337 050	13 659	3 180	537 819	-	537 819
TN van der Westhuizen	183 930	326 450	2 327	3 180	515 887	-	515 887
PM van Deventer	183 930	302 249	15 986	3 180	505 345	-	505 345
MJ Visser	333 980	312 141	15 126	3 180	664 427	-	664 427
	<b>1 553 726</b>	<b>1 807 136</b>	<b>67 738</b>	<b>19 080</b>	<b>3 447 680</b>	<b>-</b>	<b>3 447 680</b>

# Care through the generations

## Prenatal:

### Support before day one

- 345 new expectant families supported through our Parenting journey
- 3 535 ultrasound scans

"With my Medihelp plan, I experience seamless, efficient, and effective administration. My journey to motherhood was truly made that much more enjoyable!" – Member\*



## Babies (0 to 1 year):

### A healthy start

- 1 611 babies joined the Medihelp family in 2025
- 2 189 standard baby immunisations
- 8 043 cases of respiratory distress syndrome in newborns
- 4 610 cases of acute bronchitis
- 269 neonatal intensive care unit (NICU) admissions

"Over the years, I have faced the births of two critically ill babies who required NICU care, two years apart. Tragically, I also lost one of my babies after a major operation. Through every one of these deeply emotional and challenging experiences, Medihelp was there – not just financially, but also with real support that made a world of difference." – Member\*



## Toddlers and children (1 to 12 years):

### Building strong foundations

- 2 948 childhood immunisations
- 710 tonsillectomies
- 5 627 paediatrician visits
- 9 890 acute upper respiratory infections
- 6 779 dentist visits

### Parent Sense:

- 72% uptake among members with babies and toddlers
- 67% average webinar attendance rate

"I am about to become a father and I learned about weaning and preparing myself for the little one. This was really helpful, and I learned from other parents as well." – Expectant dad\*



## Teenagers (13 to 18 years):

### Navigating growth

- 99 human papillomavirus (HPV) vaccines
- 493 mental health consultations
- 3 545 dentist visits
- 3 510 severe depressive episodes

"Being a mother of three boys is a massive challenge. From catching minor illnesses to severe burns and a broken thumb, Medihelp covered all the medical costs without hesitation. I don't know how I would keep the hooligans healthy and fit without Medihelp." – Member\*



### Young adults (19 to 29 years): Independence with a safety net

- 2 066 students on **MedMove!**
- 959 mental health consultations for depression and/or anxiety
- 29 512 contraceptive claims to the value of **R4 265 249**
- 36 816 general practitioner (GP) visits
- 9 397 dentist visits
- 6 186 severe depressive episodes

"I joined Medihelp roughly two years ago on the student plan, and it was really affordable and easy to manage. Now that I'm 26, I've moved to the basic plan and still feel well taken care of." - Member\*



### Midlife (45 to 59 years): Proactive health management

- 21 heart bypass surgeries
- 2 561 preventive care mammograms
- 4 986 preventive care prostate tests
- 1 529 high-risk members on our Disease Management Programme
- 33 243 members treated for primary hypertension

"I have been with Medihelp for 13+ years and never had any issues! They have been supportive of illnesses and chronic difficulties throughout the years and have paid out all our claims related to my late husband's illness. Adding new family members was a breeze, and I am thankful for the amazing customer support!" - Member\*



### Adulthood (30 to 44 years): Partnership in peak years

- 2 433 Pap smears
- 1 527 dietitian consultations
- 24 525 dentist visits
- 11 670 severe depressive episodes
- For members taking proactive care of their health, our care extender benefit covered:
  - o 1 639 additional GP consultations
  - o R116 015 in over-the-counter medicine

"I've been a proud member of this medical aid since 2014, and my experience over the years has been nothing short of excellent. What stands out most is the customer service. Every time I've called, the staff have been friendly, helpful, and professional. It's reassuring to know I'm part of a scheme that truly cares about its members."

- Member\*



### Golden years (60 to 79 years): Specialised care

- 3 217 prostheses
- 70 263 members treated for primary hypertension
- 26 281 members treated for and supported through breast cancer
- **Post-hospitalisation Care Programme participation:**
  - o 25% reduction in preventable hospital re-admissions

"Sister Mickey Batteson contacted me after my second operation. She asked me about my pain and the medicine I was taking and gave me valuable advice to ensure a speedy recovery. I was surprised when she contacted me again a week later to hear how I'm doing. I can't explain how much it meant to me. Medihelp truly cares. You're not just a membership number - you're seen." - Member in the Post hospitalisation Care Programme\*



**80+ years:**

*Longevity and dignity*

- Highest claim paid: **R3 584 580**
- Our oldest member: **105 years young**

*"My grandmother was a Medihelp member her whole life. She never complained about Medihelp, and they never let her down. When I was old enough to get my own medical aid, I contacted Medihelp without hesitation. I didn't even look at other options. I am so grateful for Medihelp. The service is incredible, and I have never had any problems." - Member\**



\*Names have been withheld to protect the identity of the individual.





medihelp



[medihelp.co.za](https://www.medihelp.co.za)

Authorised FSP 15738