



MultiChoice
Medical Aid Scheme

2026 ANNUAL GENERAL MEETING BOOKLET

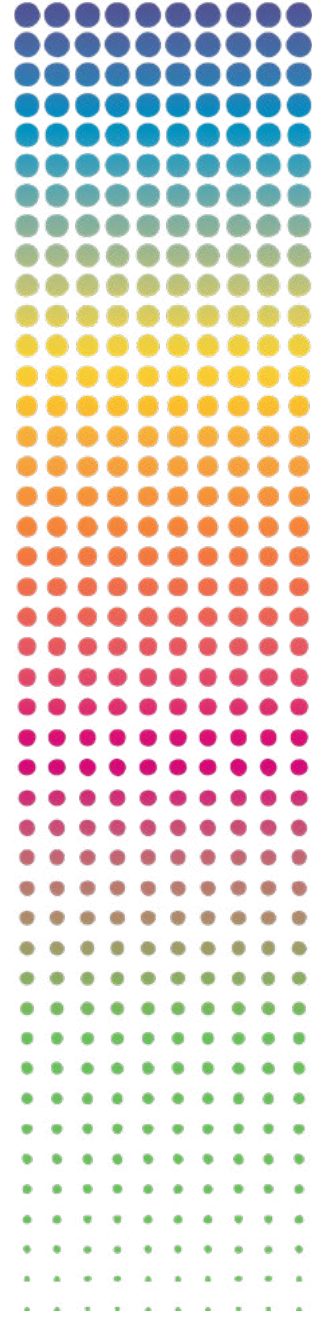


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SO, WHAT'S IN THIS **BOOKLET?**



ANNUAL GENERAL MEETING OF MULTICHOICE MEDICAL AID SCHEME

Notice of Annual General Meeting (AGM)

We are pleased to inform you that this year's Annual General Meeting (AGM), will be held in a hybrid format, marking a change from the traditional in-person meeting. The new approach is designed to offer flexibility and accessibility, allowing members to join either in person at MultiChoice City, or virtually via the Zoom online platform.

Date: Tuesday, 2 June 2026

Time: 10:00 – 11:00

Venue: Auditorium, MultiChoice City, Ground Floor,
144 Bram Fischer Road, Randburg

This invitation serves as official notice to the event.

Please register [HERE](#) to attend the AGM.

Following successful registration, you will receive an email containing a unique meeting invitation link.

Members attending the AGM will be required to provide their South African Identity Number/Passport Number, together with their membership number.

Please notify the Principal Officer of any motions

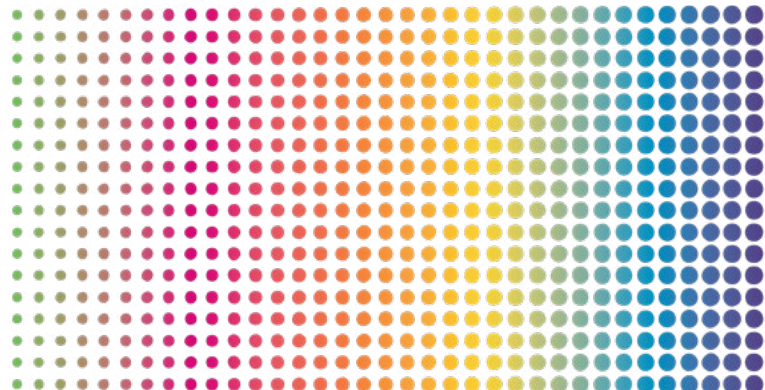
The Rules of the Scheme require attendees to notify the Principal Officer of any motions at least 7 (seven) days before the date of the meeting – no later than 12:00 on 26 May 2026. Motions can be emailed to mmedfundmanager@discovery.co.za

Nominate someone to attend on your behalf

If you cannot attend the AGM yourself, you can nominate a proxy (another Principal Member of the Scheme, in good standing, who is authorised to act on your behalf), by completing the enclosed proxy form. Proxy forms must be submitted to the Principal Officer by emailing them to mmedfundmanager@discovery.co.za. These must be received by no later than 10:00 on 26 May 2026.

Agenda for the meeting

- 1 Welcome and quorum
- 2 Confirmation of the Minutes of the Annual General Meeting held on 12 June 2025 (copies available at the meeting)
- 3 Chairperson's Report in respect of the 2025 financial year
- 4 Adopting of the Annual Financial Statements in respect of the 2025 financial year
- 5 Trustee Remuneration for 2026
- 6 Governance matters (for approval)
 - a. Appointment of Auditors for the 2026 financial year
 - b. Composition of the Disputes Committee
- 7 Confirmation of the Board of Trustees



ANNUAL GENERAL MEETING OF **MULTICHOICE MEDICAL AID SCHEME** (continued)

Annual Financial statements, Board of Trustees Report and copies of minutes of the previous Annual General Meeting.

Click **HERE** to access:

- 2025 Annual Financial Statements
- Minutes of the previous AGM
- Annual Report by the Chairperson of the Board of Trustees
- Independent Auditor's report.

Full sets of the Scheme's audited Annual Financial Statements are available on the Scheme's website by logging in to **www.mcmas.co.za**

Kind regards

Hazel Hopkins
Principal Officer

MultiChoice Medical Aid Scheme



CHAIRPERSON'S REPORT **IN RESPECT OF THE 2025 FINANCIAL YEAR**

The MultiChoice Medical Aid Scheme is a restricted medical scheme established exclusively for the employees and dependants of participating employers. The Scheme remains committed to providing high-quality healthcare cover while managing costs prudently to ensure long-term sustainability. Despite the ongoing economic and healthcare funding pressures experienced during 2025, the Scheme has again succeeded in containing contribution increases within a measured and responsible range, supporting affordability while maintaining competitive benefits.

The Scheme continues to offer a single benefit option, the M-Med Option, which is underpinned by the principle of cross-subsidisation. This approach promotes equitable access to comprehensive healthcare for all members. Member contributions are determined solely by family size and income category, ensuring that all beneficiaries, irrespective of individual health status or claims experience, receive the same extensive level of cover.

Strong governance remains central to the Scheme's success. The Board of Trustees, supported by the actuarial and advisory expertise of Insight Actuaries and Consultants, continues to exercise prudent oversight and rigorous financial stewardship. This collaborative governance structure supports informed decision making, effective risk management, and a clear focus on the best interests of members.

Financial Overview

The MultiChoice Medical Aid Scheme has reported a net healthcare result of R4,938,541 for the year under review, with management continuing to closely monitor cost trends and claims experience. During the 2025 benefit year, healthcare claims expenditure increased, driven primarily by a rise in the number of high-cost cases. In particular, the financial impact of oncology-related claims during 2025 was notably significant and the neonatal complications resulting in a few high-cost cases.

The Board is confident that the increase in expenditure will not negatively affect the long-term sustainability of the Scheme. The Board has also noted that the membership of the Scheme has seen a marginal reduction during the reporting period which reflects the demographics of the participating employers. The Board also notes that, following the change in shareholding of the employers, the employers have offered a voluntary severance programme, which may affect the number of active members and potentially increase the number of continuation members. The employer has however indicated they will be looking to increase headcount across certain disciplines and the impact of these changes is being monitored.

Following a comprehensive review of the Scheme's financial performance and emerging trends, the Board has carefully assessed both the current financial position and future projections.

The broader South African medical scheme environment remains challenging. Sustained pressures from increased healthcare utilisation, benefit cost escalation, and medical inflation continue to place strain on scheme finances. Against this backdrop, the Scheme has prioritised balancing contribution affordability with the need to preserve financial resilience and regulatory compliance. Through disciplined management and strategic planning, the Scheme remains well positioned to meet its obligations and continue delivering value to members in an evolving healthcare landscape.

Based on the Council for Medical Schemes Annual Report 2024/25, the number of registered medical schemes remained constant at 71, with medical schemes covering approximately 9.13 million beneficiaries and maintaining a solvency level of approximately 47.2%. The Scheme's solvency level is notably higher than this average, which is considered prudent by the Board given the size of the Scheme.

The industry continues to face some unique challenges in the build-up to full implementation of National Health Insurance (NHI). The current status of important industry related matters is discussed in more detail below.

Based on this assessment, the Board is satisfied that the Scheme remains well positioned to continue its operations and meet the healthcare needs of its members. The Scheme therefore continues to be regarded as a going concern, supported by appropriate financial safeguards to manage potential challenges and ensure ongoing stability and reliable benefit delivery.

As at 31 December 2025, the Scheme's solvency ratio (being the ratio of accumulated funds to gross annual contributions) was 69.37% (2024: 74.75%). This remains substantially above the 25% statutory minimum required in terms of the Medical Schemes Act 131 of 1998, as amended and above the market average reported above. While the Scheme remains financially sound for the foreseeable future, management continues to actively monitor the increasing pressure resulting from higher claims utilisation and changing demographics.

The Trustees continuously evaluate non-healthcare expenditure to ensure alignment with industry benchmarks and to confirm that costs are justified by the value and quality of services delivered to members through the Scheme and its administrator. During 2025, total non-healthcare expenses (including administration costs, net impairment losses and other operating expenses) amounted to 6.5% of gross contributions, compared to 6.6% in 2024.

CHAIRPERSON'S REPORT IN RESPECT OF THE 2025 FINANCIAL YEAR (continued)

Governance and Compliance

Trustees

The Trustees manage the MultiChoice Medical Aid Scheme in accordance with the Rules of the Scheme and the provisions of the Medical Schemes Act. They have a legal duty to act in the best interests of all members and to ensure proper governance of the Scheme. In accordance with the requirements as set out in the Medical Schemes Act, 50% of Trustees are elected by and from amongst the Scheme's members.

The table below reflects the company-appointed and member-elected Trustees as at year-end, as well as post year-end changes:

EMPLOYER-APPOINTED TRUSTEES		MEMBER-ELECTED TRUSTEES	
Ms J Ndhlovu	Re-appointed 30 November 2024	Ms S Potgieter	Re-elected 7 June 2023 (Elected Chair 15 February 2024)
Mr K Joubert	Alternate – Appointed to full Trustee 15 February 2024 (Resigned 6 February 2025)	Mr G van Bresies	Re-elected 7 June 2023
Ms S Sallie	Appointed 1 February 2024	Mr N Ncwane	Appointed 7 June 2023 (Resigned 6 February 2026)
Ms T Nadasan	Appointed 1 February 2024	Ms N Mapuma	Alternate (Appointed as full Trustee 15 February 2024)
Ms L Naidoo	Appointed 3 March 2025	Ms S Macmillan	Alternate – (Appointed as full trustee 3 March 2026)
Mr B Niebuhr	Alternate – Appointed 3 March 2025		

Principal Officer

Ms Hazel Hopkins remained the Principal Officer for the reporting period.

Audit and Risk Management Committee

The Audit and Risk Committee acts independently of the Trustees, ensuring that members' interests are protected in relation to financial reporting of the Scheme and that the internal controls are adequate. The Scheme's external auditors, the members of the Audit and Risk Committee and the administrator's internal auditors have an ongoing role in monitoring compliance to ensure that the MultiChoice Medical Aid Scheme meets all statutory and regulatory requirements.

CHAIRPERSON'S REPORT IN RESPECT OF THE 2025 FINANCIAL YEAR (continued)

Legislative and Medical Scheme Industry Developments

The Trustees continuously stay informed about developments and emerging issues within the medical schemes environment. They consistently review and evaluate the potential impact of proposed legislative and regulatory changes, ensuring that the MultiChoice Medical Aid Scheme remains well positioned to respond promptly and effectively. Key regulatory and legislative developments during 2025 are summarised below:

National Health Insurance Bill

Progress on the National Health Insurance (NHI) remains slow and phased. Draft regulations published in March 2025 outline early steps to establish the NHI Fund's governance, but much of the detail is still outstanding.

Implementation is uncertain, with at least 14 legal challenges likely to delay rollout. Medical schemes are expected to continue operating largely as they do now until there is more clarity on NHI benefits, timelines, and structure.

While full implementation is on hold, government continues preparatory work, including investing in hospital infrastructure, health information systems, patient registration, and medicine distribution.

The initial NHI focus is expected to be on primary healthcare, with pharmacists playing a key role. Funding may include a mix of capitation and fee-for-service, although details are still unclear.

Concerns remain about the state of the health system, including underinvestment, rising costs, and governance challenges. Proposed reforms include improving infrastructure and staffing, strengthening systems, regulating private-sector pricing, and redirecting funding toward NHI.

To address uncertainty, a "Change Champion" initiative has been launched to improve understanding among healthcare workers, as surveys show mixed knowledge and ongoing concerns about NHI's impact.

Overall, NHI is still at an early stage, with significant legal, regulatory, and practical details yet to be finalised.

Demarcation and Low-Cost Benefit Options (LCBO)

The Demarcation Exemption Framework, which permits certain health insurance products to operate outside the Medical Schemes Act, has continued to be extended pending final policy direction on Low-Cost Benefit Options (LCBOs). Circular 9 of 2025 approved a further two-year extension of the framework to 31 March 2027, subject to insurers and their financial service providers complying with the stipulated exemption conditions.

During 2025, regulatory focus remained on aligning LCBOs with broader health system reforms, particularly in the context of the National Health Insurance (NHI) framework. The Council for Medical Schemes (CMS) continued engagements with the National Department of Health and other stakeholders to refine the policy position on LCBOs.

In February 2025, the CMS issued a renewed call for public comment on the LCBO Report submitted to the Minister of Health. The report highlights key concerns, including the potential misalignment of LCBOs with the objectives of NHI, as well as considerations around access, affordability, and regulatory oversight.

As at 2026, no final LCBO framework has been implemented. The future of LCBOs remains uncertain and is likely to be influenced by ongoing NHI policy development, regulatory deliberations, and stakeholder consultation processes.

CHAIRPERSON'S REPORT IN RESPECT OF THE 2025 FINANCIAL YEAR (continued)

Prescribed Minimum Benefits (PMBs) Review

The Prescribed Minimum Benefits (PMBs), which guarantee cover for a defined set of essential health conditions, are currently under review by the Council for Medical Schemes.

During 2025, discussions and stakeholder engagements have taken place to consider possible changes to the PMB framework. Proposals include shifting toward a more primary healthcare-focused package or expanding to a more comprehensive set of benefits aligned with broader health system reforms.

These discussions are ongoing, with input from industry stakeholders, and form part of broader healthcare reform efforts alongside National Health Insurance (NHI). No final decisions or implementation timelines have been announced to date.

As PMBs directly affect both the level of cover and scheme costs, any changes may impact member benefits and contributions in future.

Bottom line for Members

South Africa's healthcare environment is evolving, with a number of reforms under discussion. However, these changes are expected to take place gradually over an extended period.

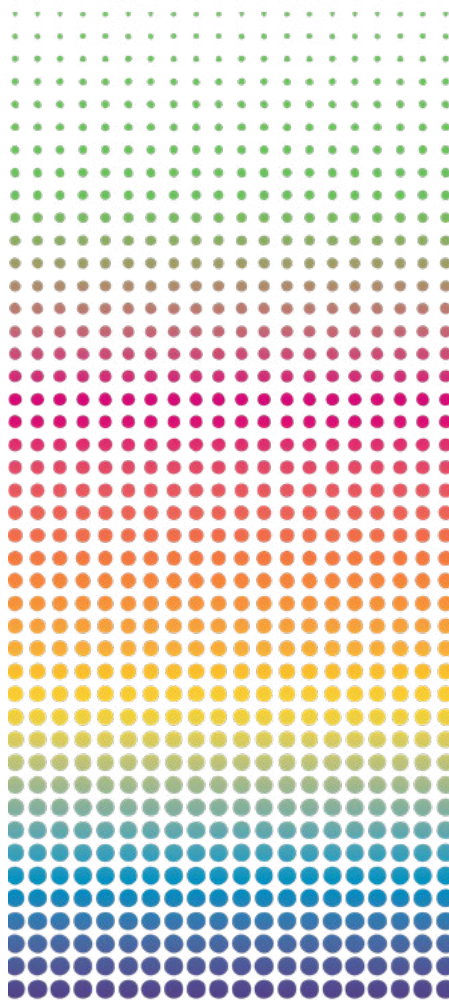
There is no immediate impact on medical scheme benefits, and schemes are expected to continue operating in their current form for the foreseeable future. While topics such as NHI, LCBOs, and benefit design are being considered, greater clarity will emerge over time.

Members can therefore expect continuity and stability in the near term, with any future changes likely to be implemented slowly and with ongoing communication.

Concluding Remarks

The Trustees remain committed to the principles of strong governance, regulatory compliance and member focused decision making. We are pleased to confirm that the MultiChoice Medical Aid Scheme has continued to comply with all applicable legislation and regulatory requirements during the year under review.

The Scheme remains financially sound and well positioned to sustain its operations over the long term. The Board of Trustees will continue to focus on achieving an appropriate balance between meeting the healthcare needs of members and maintaining contribution affordability. This balanced approach supports the ongoing sustainability of the Scheme while ensuring that members continue to receive reliable, high-quality healthcare benefits without compromise.



CHAIRPERSON'S REPORT IN RESPECT OF THE 2025 FINANCIAL YEAR (continued)

Record of Appreciation

On behalf of the Scheme, I express sincere thanks to the following persons for their significant contributions during the past year:

- All our members for their continued support
- Our Principal Officer, Hazel Hopkins
- Discovery Health, our external administrator
- The Trustees and Board Subcommittee members for their time and commitment
- Our actuaries during the period, Insight Actuarial Solutions
- Our investment consultants during the 2025 financial year, GraySwan Investments, for their advice
- Our various third-party managed care providers through our administrator, Discovery Health
- The Scheme's external auditors, BDO
- The Registrar of Medical Schemes and his staff; and
- All our members' service providers.



Sanet Potgieter
Chairperson

April 2026



ANNUAL FINANCIAL STATEMENTS

For the Year Ended 31 December 2025

Statement of Responsibility by the Board of Trustees

The Board of Trustees are responsible for the preparation, integrity and fair presentation of the financial statements of MultiChoice Medical Aid Scheme ("The Scheme"), and to ensure that proper systems of internal control are employed by and on behalf of the Scheme. The financial statements have been prepared in accordance with IFRS[®] Accounting Standards and in the manner required by the Medical Schemes Act 131 of 1998, as amended and include amounts based on judgements and estimates made by the Trustees.

The Trustees consider that in preparation of the financial statements the most appropriate accounting policies have been consistently used, applied and supported by reasonable and prudent judgements and estimates.

The Trustees are responsible for ensuring that proper accounting records are kept. The accounting records should disclose with reasonable accuracy the financial position of the Scheme to enable the Trustees to ensure that the financial statements comply with the relevant legislation.

The Trustees have outsourced the Scheme's administrative activities to an accredited medical scheme administrator and managed healthcare provider, Discovery Health (Pty) Ltd (the administrator). To ensure that the Scheme continues to operate in a well-established control environment, which is documented and reviewed, the administrator applies risk management and internal control procedures, designed to provide reasonable, but not absolute assurance that assets are safeguarded and the risks facing the Scheme are being controlled.

On the basis of this review and in light of the current financial position and available resources, the Trustees have no reason to believe that the Scheme will not be a going concern for the foreseeable future.

The Scheme's external auditor, BDO South Africa Incorporated, is responsible for auditing the financial statements in terms of International Standards on Auditing and their report is presented on pages 4 to 7. BDO South Africa Incorporated have unrestricted access to all financial records and related data, including minutes of all meetings of members, the Board of Trustees and committees of the Board. The Trustees believe that all representations made to the external auditor during their audit were valid and accurate.

The financial statements were approved by the Board of Trustees on April 2026 and are signed on its behalf by:



Ms S Potgieter
Chairperson



Ms S Sallie
Trustee



Ms H Hopkins
Principal Officer

To access the full Annual Financial Statements for the year ended 31 December 2025 [CLICK HERE](#).

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

MultiChoice Medical Aid Scheme is committed to the principles and practice of fairness, openness, integrity and accountability in all dealings with its stakeholders. The Scheme is committed to good Corporate Governance and applies good corporate governance principles. The Trustees are either proposed and elected by the members of the Scheme or appointed by the participating Employers.

Board Of Trustees

The Trustees and their committees meet regularly and monitor the performance of the Administrator. They address a range of key issues and ensure that discussion of items of policy, strategy and performance is critical, informed and constructive.

All Trustees have access to the advice and services of the Principal Officer and, where appropriate, may seek independent professional advice at the expense of the Scheme to assist them in their duties.

Internal Control

The Administrator of the Scheme maintains internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the financial statements and to safeguard, verify and maintain accountability for its assets adequately. Such controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties. A formal internal audit function exists within the administrator, with regular reporting to the Audit and Risk Committee. The administrator is responsible for documenting and testing the disaster recovery procedures. The Trustees regularly monitor the progress made by the administrator in respect of its business continuity plan and disaster recovery plan.

No event or item has come to the attention of the Board of Trustees that indicates any material breakdown in the functioning of the key internal controls and systems during the year under review.

Risk Management

The Trustees adhere to appropriate risk management principles which include contract review, maintaining and monitoring a risk register and review of internal and external reports.

Governance

In terms of good governance practices, the Scheme complies with a recognised governance framework which includes regular monitoring of third party service providers and the management of internal controls and the effectiveness thereof.



Ms S Potgieter
Chairperson



Ms S Sallie
Trustee



Ms H Hopkins
Principal Officer

April 2026



MULTICHOICE MEDICAL AID SCHEME

Report of The Board of Trustees for the year ended 31 December 2025

Review of the Accounting Period's Activities

Operational statistics

	2025	2024
Number of members at year end	3 438	3 475
Average number of members for the year	3 446	3 521
Number of beneficiaries at year end	7 510	7 635
Average number of beneficiaries for the year	7 552	7 710
Average age of beneficiaries for the year	28,3	27,8
Dependant-to-member-ratio at year end	2,2	2,2
Pensioner ratio (beneficiaries > 65 years)	2,30%	2,17%
Average Insurance revenue per member per month	R4 552	R4 153
Average Insurance revenue per beneficiary per month	R2 077	R1 897
Relevant healthcare expenditure incurred per member per month	R4 500	R4 113
Relevant healthcare expenditure incurred per beneficiary per month	R2 054	R1 879
Directly attributable insurance service expenses as a percentage of insurance revenue	6,50%	6,78%
Directly attributable insurance service expenses per beneficiary per month	R135	R129
Average Insurance service expense per member per month	R5 051	R4 632
Average Insurance service expense per beneficiary per month	R2 305	R2 115
Insurance service expense as a percentage of insurance revenue	110,97%	111,53%
Relevant healthcare expenditure as a percentage of insurance revenue	98,86%	99,05%
Reinsurance contracts (risk transfer arrangements)	4,72%	5,10%
Attributable and non-attributable expenses per member per month	R215	R212
Amounts paid to administrator	R17 874 653	R17 384 863
Liability attributable to future members per member at 31 December	R54 197	R55 041
Average Healthcare management expense per member per month	R136	R130
Average Healthcare management expense per beneficiary per month	R62	R59
Administration expenses as a percentage of gross contributions	6,49%	6,55%
Return on investments	12,24%	10,70%

*Relevant healthcare expenditure consists of net claims incurred, accredited managed healthcare services and net expense from risk transfer arrangements.

Results of operations

The results of the Scheme's operations are set out in the annual financial statements, and the Trustees believe that no further clarification is required.

REPORT OF THE BOARD OF TRUSTEES **FOR THE YEAR ENDED 31 DECEMBER 2025**

Non-Compliance Matters

Investment in participating employer and medical scheme administrators

In terms of Section 35(8) of the Act, a medical scheme is prohibited from investing any of its assets in an employer who participates in that scheme or in any medical scheme administrators.

At the 31 December 2025 the Scheme no longer has indirect shares in MultiChoice Group Limited; Rnil (2024: R108,697) through pooled investments with their investment managers.

The Scheme also indirectly held investments in Discovery Holdings of R45,238 (2024: Rnil) and Momentum Metropolitan Holdings to the value of R51,599 (2024: R61,731) through pooled investments with their investment managers.

The Scheme received an exemption from the Council for Medical Schemes from compliance with this regulation.

Contributions not received within three days of it becoming due

In terms of Section 26(7) of the Medical Schemes Act 131 of 1998, as amended, all subscriptions or contributions shall be paid directly to a medical scheme not later than three days after payment thereof becoming due.

Although the majority of contribution payments were made within the stipulated payment deadlines, there were a small number of instances where the Scheme received contributions from own paying members after three days of it becoming due. Such arrear payments are outside the agreed contribution collection agreements with paying parties.

The procedures that the Scheme follows for collection of these arrear contributions are set out in note 18.

Sustainability of benefit options

In terms of section 33(2) of the Act, each option shall be self-supporting in terms of membership and financial performance and be financially sound.

At 31 December 2025 the Scheme incurred a insurance service deficit of R 20,831,178 (2024: R 20,337,626) as set out in the Statement of Comprehensive Income to the annual financial statements.

The Board, with the assistance of the actuaries constantly monitors the financial position of the Scheme and makes the necessary changes to contributions and benefits in order to ensure that the Scheme remains a going concern to the benefit of the members.

Claims not settled within 30 days

In terms of Section 59(2) and Regulation 6(2) of the Act a medical scheme shall pay a member or supplier of services any benefit owing to that member or supplier within 30 days of receipt of the medical claim.

A limited number of exceptions were noted where settlement took longer than 30 days from receipt. These were limited to more complex claims and management is committed to resolve these matters in a responsible manner and in the best interest of the member and the Scheme.



You may lodge a complaint or query with MultiChoice Medical Aid Scheme by completing an online complaints form on www.mcmas.co.za or address a complaint in writing directly to the Principal Officer.

Should your complaint remain unresolved, you may lodge a formal dispute by following the Scheme's internal disputes process on the MultiChoice Medical Aid Scheme website. Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or e-mail complaints@medicalschemes.co.za

Customer Care Centre: 0861 123 267

Website: www.medicalschemes.co.za