LIONHEALTH

PAN-AFRICAN
MANAGED CARE

Lion Health Plan

2026

Contents

Overview

Choose your level of cover

Lion Health offers three considered plans, each designed around a different healthcare need. Whether you're looking for cover for everyday healthcare costs, cash benefits for hospital admissions, or both in one plan — there is a Lion Health plan designed around your life.

Day-to-Day Plan

Private doctor consultations, a 24/7 Nurse consultations via telephone (010 211 6111) or Whatsapp (060 550 4337) and medication benefits designed around your everyday healthcare needs.

Hospital Plan

Hospital benefits for qualifying admissions, accidents and dread disease events. Hospital admissions require pre-authorisation. Accident admissions are facilitated via a Guarantee of Payment issued to the hospital.

Combined Plan

Everyday care and hospital cash benefits in one considered plan.

Healthcare benefits that matter

Day-to-Day Plan

Cover for your everyday healthcare needs.

The everyday healthcare costs your current plan often leaves you paying for — covered.

Day-to-Day benefits breakdown

	Detail	Limits	Value	Waiting period
Basic wellbeing	Nurse line — Africa Assist	Members have access to the Africa Assist nurse line 24 hours a day, 7 days a week. Telephonic: 010 211 6111. WhatsApp: 060 550 4337.	Unlimited access to the Africa Assist nurse line — 24 hours a day, 7 days a week.	NONE
Basic wellbeing	Private doctor consultations	Unlimited. Pre-authorisation required after the third visit.	Unlimited visits to a private doctor in the PAMC Designated Service Provider network.	NONE
Advanced wellbeing	Specialist consultations	Available on referral from your network doctor. The specialist does not need to be in-network. Subject to authorisation.	Up to R2 060 per member (maximum R4 120 per policy per annum). If the specialist doesn't claim directly, pay the account and claim reimbursement. Any shortfall is for the member's account.	90 days
Dental	Dentist	2 check-ups per annum, including scaling, polishing, extractions, and fillings.	No co-payment for covered codes. Non-covered procedures are member's responsibility.	90 days
Optometry	Optometrist	One eye test per 24-month period at a PPN network optometrist (Spec-Savers or Execuspecs).	PPN network only (Spec-Savers or Execuspecs). Standard clear or bifocal lenses. No co-payment for covered benefits.	90 days
Optometry — glasses	Glasses	One pair of spectacle lenses per 24-month period at any Spec-Savers or Execuspecs outlet.	PPN network only (Spec-Savers or Execuspecs). One pair of lenses per 24 months. No co-payment within covered benefits.	90 days

	Detail	Limits	Value	Waiting period
Pathology	Blood test	No authorisation required. Referral from network doctor required. Member pays upfront and claims reimbursement. Shortfall is member's responsibility.	Covered pathology codes only, as per the approved formulary. Member pays upfront and claims reimbursement.	NONE
Acute & over-the-counter medication	Acute and over-the-counter medication.	R155 per event, up to R1 340 per annum per policy.	As per the medicine list.	NONE
Chronic medication	Chronic CDL	Unlimited for approved conditions — refer to the chronic medication list.	As per the medicine list.	90 days
Radiology	Basic black and white scans	Referral required. Covered codes only. No authorisation needed. Member pays upfront — shortfall is member's responsibility.	Covered radiology codes only, as per the approved formulary. Member pays upfront and claims reimbursement.	NONE
Maternity	Pregnancy	2 growth scans and antenatal medication including vitamins, up to R120 per month for 9 months, as per the formulary of PAMC.	As per the formulary of PAMC.	10 months
Covid	Test and vaccine	Referred by a designated network doctor	As per the formulary of PAMC.	NONE
Trauma room	Emergency	R5000 per annum	Stabilisation and treatment of acute, life-threatening traumatic events. Pre-authorisation required.	NONE

Chronic medication cover

Chronic medication is available for the following approved conditions only

Addison's disease	Epilepsy
Asthma	Glaucoma
Bipolar mood disorder	Haemophilia
Bronchiectasis	Hyperlipidemia
Cardiac failure	Hypertension
Cardiomyopathy	Multiple sclerosis
Chronic renal diseases	Parkinson's disease
Chronic obstructive pulmonary disease (COPD)	Rheumatoid arthritis
Coronary artery disease	Schizophrenia
Crohn's disease	Systemic lupus erythematosus
Diabetes insipidus	Ulcerative colitis
Diabetes mellitus type 1	Dysrhythmia
Diabetes mellitus type 2	

Chronic medication is subject to the approved medicine list and clinical protocols. Pre-authorisation is required.

Hospital Plan

Stated cash benefits for when you need them most.

Qualifying hospital admissions require pre-authorisation through Africa Assist. Once approved, a Guarantee of Payment (GOP) is issued in accordance with the policy terms. Accident admissions are facilitated through a Guarantee of Payment issued directly to the hospital.

Hospital benefits breakdown

Admission Type	Detail	Value	Waiting period
General admission	Pre-authorisation required. Once approved, a Guarantee of Payment is issued in accordance with the policy terms.	Up to R53 000 per illness admission — subject to 21-day maximum benefit period.	90 days Pre-existing Illness – 12 months
ICU admission	Pre-authorisation required. Once approved, a Guarantee of Payment is issued in accordance with the policy terms.	Up to R15 000 per day (Max 5 days)	90 days Pre-existing Illness – 12 months
Accident	Guarantee of Payment issued to hospital via Africa Assist	Up to R300 000 per individual per incident; up to R450 000 per family per incident — facilitated via Guarantee of Payment to the hospital	None
Dread disease admission	Graded compensation as per disease stage — paid post-discharge on submission of claims and proof of payment.	Up to R250 000	6 months Pre-existing Illness – 12 months
Maternity	Stated benefit – Requires pre-authorisation. Upon approval, payment can be made to the hospital in accordance with the issued Guarantee of Payment (GOP), subject to benefit limits.	R35 000 — Natural delivery R45 000 — C-section delivery	10 months
Surgery	Stated benefit – Requires pre-authorisation. Upon approval, payment can be made to the hospital in accordance with the issued Guarantee of Payment (GOP) and applicable benefit limits.	Stated benefit	90 days Pre-existing Illness – 12 months
Emergency services	Transportation to hospital	Pre-authorised via Africa Assist	None
Casualty benefit	Emergency services	Pre-authorisation required. Benefit may be paid directly to the hospital upon approval, subject to policy terms and limits.	None

Hospital stated benefits

Description	Value
1st day in hospital	Up to R10 000
2nd day in hospital	Up to R7 500
3rd day in hospital	Up to R5 000
4th day in hospital	Up to R5 000
5th day in hospital	Up to R1 500
Every subsequent day thereafter	Up to R1 500
Maximum benefit payable for a 21-day period	R53 000
Dread disease daily hospital benefit	Up to R9 000 per day. Subject to a 180-day waiting period. Member pays upfront and claims reimbursement post-discharge.

As per the definition of dread diseases in Annexure 1 of your policy document, graded compensation applies — subject to a maximum of R250 000. Benefits are paid post-discharge on submission of claims and proof of payment.

Qualifying hospital admissions require pre-authorisation. Once approved, a Guarantee of Payment (GOP) may be issued in accordance with your policy terms, benefit limits and the approved authorisation.

ICU booster benefit

Up to R15 000 per day in ICU, for a maximum of five days. Subject to pre-authorisation and the approved policy benefit.

A 90 day waiting period applies and a 12 month waiting period applies for pre-existing conditions.

A 3-day franchise applies for members with existing medical aid cover.

Back to contents

Accident & dread disease benefits

Accident benefits for the Hospital Plan

For an accident resulting in hospitalisation, the following benefit applies:

Up to R300 000 per insured person per accident; up to R450 000 per family per accident. This benefit is facilitated via a Guarantee of Payment issued directly to the hospital by Africa Assist — it is not a cash payout to the member.

Dread disease benefits for the Hospital Plan

Heart attack	Heart attack, as defined in ASISA SCIDEP
Chronic coronary heart disease	Open bypass surgery or surgical treatment of coronary disease. This excludes angioplasty and/or any similar intra-arterial procedures.
Stroke	Stroke, as defined in ASISA SCIDEP
Cancer	Cancer, as defined in ASISA SCIDEP
Kidney failure	End-stage renal failure presents as a chronic, irreversible failure of both kidneys to function, as a result of which regular renal dialysis is required on a long-term basis.
Major organ transplant	The human-to-human transplant of one or more of the following organs from a donor to the insured person: kidney, heart, lung, liver, pancreas, or bone marrow. Transplantation of all other organs, parts of organs, or any other tissue transplant is excluded.
Paraplegia	The insured person suffers the total and irrecoverable sudden loss of vision in both eyes as a result of an illness.
Blindness	The insured person suffers and the total and irrecoverable sudden loss of vision in both eyes as a result of an illness.

A 180-day waiting period applies to all dread disease benefits. Pre-existing condition waiting periods also apply. Benefits are graded according to disease stage up to a maximum of R250 000.

Maternity and surgery benefits

Description	Value
Appendectomy	Up to R30 000
Removal of kidney stones	Up to R30 000
Ectopic pregnancy	Up to R20 000
Hernia	Up to R25 000
Gallbladder removal	Up to R35 000
Maternity, natural	Up to R35 000
Maternity, C-section	Up to R45 000
Miscarriage	Up to R15 000

These are stated maximum cash benefits and are not paid in addition to any other hospital benefit amounts. Benefits are subject to pre-authorisation, policy terms and approved benefit limits

A 10-month waiting period applies to all maternity benefits. A 90-day waiting period applies to all surgical procedure benefits. Pre-existing condition waiting periods also apply. A 3-day franchise applies for members with existing medical aid cover.

Combined Plan

Everyday care and hospital cash, together.

Everyday care and hospital cash benefits in one considered plan.

Designed around individuals, couples, and families.

Monthly premiums

2026 rates

Premiums are reviewed annually. All premiums are per member per month, payable in advance via debit order or stop order. Lion Health is not a medical aid — the cover provided is health insurance and is not the same as that of a medical scheme.

Individuals			
Member type	**Day-to-day**	**Hospital**	**Combined**
Main member	R 644	R 477	R 969
Spouse	R 517	R 421	R 800
Child	R 485	R 293	R 669

Important information

Lion Health is not a medical aid — the cover provided is health insurance and is not the same as that of a medical scheme. Lion Health is a product of Lion of Africa Life Assurance Company Limited, an authorised Financial Services Provider (FSP 15283) and a licensed insurer authorised to conduct life insurance business. Lion Health is administered by Pan-African Managed Care (Pty) Ltd.

For more information, contact Lion Health:

087 085 0933

www.lionhealth.co.za

info@lionhealthsa.co.za

LIONHEALTH | LIONLIFE ASSURANCE | PAN-AFRICAN MANAGED CARE