

Optical Benefit 2026



Who we are

SAB Medical Aid (referred to as ‘the Scheme’), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as ‘the Administrator’) is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

About the Benefit

This document tells you about the Optical Benefit provided by the Scheme. The Optical Benefit covers you for healthcare services related to the health of your eyes.

Optical benefits

You can get a discount

You can get a 20% discount on your frames and eyeglass lenses when you visit an optometrist in the Preferred Provider Optometry Discount Network.

The discount is immediate at the point of sale as a value-added benefit to help preserve your available funds.

The discount is only applicable to frames, spectacle lenses and add-ons. It is not available for contact lenses and professional services such as the fees for the eye examination.

The [Find a Healthcare Professional](#) tool on our website helps you find optometrist in the Preferred Provider Optometry Discount Network.

How the discount is calculated

Your benefit includes a 20% discount on the Optical Assistant Rate*. The amount after the discount is applied is the Scheme Rate.

For example:

If the Optical Assistant Rate for a frame is R1 000, a 20% discount will be applied. This reduces the amount by R200, resulting in a Scheme Rate of R800.

*The Optical Assistant Rate is a guide optometrists use for billing purposes.

What to do when you pay cash at an optometrist in the network

When you use an Optometry Discount Network Provider, you do not need to pay upfront. The provider will submit the claim to the Scheme on your behalf, making the process simpler and more convenient for you.

If you choose to pay upfront, your 20% discount is applied immediately, and you will only pay the discounted Scheme Rate shown on your invoice.

After making payment, simply submit your proof of payment to us. We will then reimburse you for the amount reflected as the Scheme Rate on your invoice.

Optometry Benefit on the Comprehensive Option

Eye examinations and tests

You are covered for one eye examination or test from your Routine Benefit up to the value of R790 per beneficiary per year.

- If you visit an optometrist in the Preferred Provider Optometry Discount Network, we will pay we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower. The remaining 20% will be paid from your Medical Savings Account (MSA) if funds are available. If you do not have enough MSA, the 20% will be paid for you and deducted from your salary or collected by debit order if you pay your own contributions.

Frames, readymade readers and lens enhancements

Frames readymade readers, and lens enhancements are covered up to a limit of R2 421 per beneficiary every two benefit years.

- If you visit an optometrist in the network, we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower.
- Frames are limited to one pair of frames per beneficiary every two benefit years.
- Readymade readers are covered up to R220 per beneficiary every two benefit years.

Spectacle lenses

You are covered for one pair of spectacle lenses every two benefit years. The amount covered depends on the type of lens:

- Single vision lenses: up to R349 per lens
- Bifocal lenses: up to R780 per lens
- Multifocal lenses: up to R1 415 per lens

How your cover works:

- If you visit an optometrist in the Preferred Provider Optometry Discount Network, we will pay we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower. The remaining 20% will be paid from your Medical Savings Account (MSA) if funds are available. If you do not have enough MSA, the 20% will be paid for you and deducted from your salary or collected by debit order if you pay your own contributions.

Contact lenses

Cover for contact lenses include disposable and clinically essential contact lenses, subject to your annual contact lens limit of R2 428 per beneficiary per year.

- If you use a Preferred Provider Optometry Network optometrist, we will pay up to 100% of the claimed amount or the Scheme Rate, whichever is lower.

- If you use an optometrist outside the network, we will pay up to 80% of the claimed amount or the Scheme Rate, whichever is lower.

Ophthalmologist consultations

Consultations with an Ophthalmologist (eye specialist) are covered from your combined Consultations and Visits benefit, which is limited to R6,216 per beneficiary per year, and are also subject to your available Day-to-day benefit.

How your cover works:

- If you visit an Ophthalmologist in our specialist network, we will pay up to 80% of the claimed amount or the agreed rate, whichever is lower.
- If you visit an Ophthalmologist outside our specialist network, we will pay up to 80% of the claimed amount or the Scheme Rate, whichever is lower.

The remaining 20% will be paid from your Medical Savings Account (MSA) if funds are available. If you do not have enough funds in your MSA, this amount will be paid on your behalf and recovered through a salary deduction or debit order, depending on how your contributions are paid.

The **Find a Healthcare Professional** tool on our website can help you find a network Ophthalmologist.

Glaucoma screening

As part of your Wellness Benefit, you are covered for glaucoma screening tests based on your age.

Members aged 40 to 49 years are covered for one glaucoma screening test every two years. Members aged 50 years and older are covered for one glaucoma screening test each year

How your cover works:

- If you use a network healthcare professional, we will pay up to 100% of the claimed amount or the agreed rate, whichever is lower.
- If you use a non-network healthcare professional, we will pay up to 100% of the claimed amount or the Scheme Rate, whichever is lower.

Optometry Benefit on the Essential Option

Eye examinations and tests

You are covered for one eye examination or test from your limited Overall Annual Limit (OAL) up to the value of R451 per beneficiary per year.

- If you visit an optometrist in the Preferred Provider Optometry Discount Network, we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower. The remaining 20% will be paid for you and deducted from your salary or collected by debit order if you pay your own contributions.

Frames, readymade readers and lens enhancements

Frames readymade readers, and lens enhancements are covered from your limited OAL up to a limit of R1 431 per beneficiary every two benefit years.

- If you visit an optometrist in the network, we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower.
- Frames are limited to one pair of frames per beneficiary every two benefit years.
- Readymade readers are covered up to R165 per beneficiary every two benefit years.

Spectacle lenses

You are covered for one pair of spectacle lenses every two benefit years from your limited OAL. The amount covered depends on the type of lens:

- Single vision lenses: up to R253 per lens
- Bifocal lenses: up to R595 per lens
- Multifocal lenses: up to R1 100 per lens

How your cover works:

- If you visit an optometrist in the Preferred Provider Optometry Discount Network, we will pay your claim up to 100% of the claimed amount or the Scheme Rate, whichever is lower.
- If you visit an optometrist outside the network, we will pay we will pay your claim up to 80% of the claimed amount or the Scheme Rate, whichever is lower. The remaining 20% will be paid for you and deducted from your salary or collected by debit order if you pay your own contributions.

Contact lenses

There is no cover for contact lenses on your Option.

Ophthalmologist consultations

Consultations with an Ophthalmologist (eye specialist) are covered from your limited OAL subject to your combined Consultations and Visits Benefit. Cover is limited to R2 747 per beneficiary per year.

If you are referred by an optometrist

When you use an ophthalmologist in our specialist network

- We pay up to 80% of the cost or the agreed network rate, whichever is lower.
- The remaining 20% will be paid on your behalf and recovered through a salary deduction or debit order if you pay your own contributions.

When you use an ophthalmologist outside our specialist network

- We pay up to 80% of the cost or the Scheme Rate, whichever is lower.
- The remaining 20% will be paid on your behalf and recovered through a salary deduction or debit order if you pay your own contributions.

If you are not referred by an optometrist

When you use an ophthalmologist in our specialist network

- We pay up to 60% of the cost or the agreed network rate, whichever is lower.
- The remaining 40% will be paid on your behalf and recovered through a salary deduction or debit order if you pay your own contributions.

When you use an ophthalmologist outside our specialist network

- We pay up to 60% of the cost or the Scheme Rate, whichever is lower.
- The remaining 40% will be paid on your behalf and recovered through a salary deduction or debit order if you pay your own contributions.

The [Find a Healthcare Professional](#) tool on our website can help you find a network Ophthalmologist.

Glaucoma screening

As part of your Wellness Benefit, you are covered for glaucoma screening tests based on your age.

Members aged 40 to 49 years are covered for one glaucoma screening test every two years. Members aged 50 years and older are covered for one glaucoma screening test each year

How your cover works:

- If you use a network healthcare professional, we will pay up to 100% of the claimed amount or the agreed rate, whichever is lower.
- If you use a non-network healthcare professional, we will pay up to 100% of the claimed amount or the Scheme Rate, whichever is lower.

Contact us

You can call us on 0860 002 133 or visit our website at www.sabmas.co.za for more information.

Complaints process

You may lodge a complaint or query with SAB Medical Aid Scheme directly on 0860 002 133 or address a complaint in writing directly to the Principal Officer. If your complaint remains unresolved, you may lodge a formal dispute by following the Scheme's internal dispute process.

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 email complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267 / website www.medicalschemes.co.za.