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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF DEFENCE AND MILITARY VETERANS

NO. 7058

30 January 2026

**MILITARY VETERANS ACT, 2011
(ACT NO. 18 OF 2011)****PUBLICATION OF DRAFT MILITARY VETERANS ACCESS TO HEALTH CARE
BENEFIT REGULATIONS, 2025 FOR PUBLIC COMMENT**

In accordance with section 24 of the Military Veterans Act, 2011 (the Act), the draft Military Veterans Access to Health Care Benefit Regulations, 2022 (Regulations), in the Schedule are published for public comment. These Regulations are intended to be made by the Minister of Defence and Military Veterans in terms of section 24, read with section 5(1)(i) and the definition of "prescribed" in section 1, of the Act.

Interested persons or organizations are hereby invited to submit written comments on the draft regulations within 30 calendar days from the date of publication. Comments must be forwarded for the attention of Director: Legal Services (Healthcarereg@dmv.gov.za or 328 Festival Street, Hatfield, Pretoria)

**MS A MOTSHEKGA****MINISTER OF DEFENCE AND MILITARY VETERANS****DATE:**

SCHEDULE
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1. Definitions

In these Regulations any word or expression to which the meaning has been assigned in Act, shall have such meaning, unless the context indicates otherwise –

"Act" means the Military Veterans Act, 2011 (Act 18 of 2011);

"access to health care" means the ease and availability of appropriate health care services within reasonable reach of those who need them;

"assistive devices" means any equipment or device that helps someone to overcome challenges associated with handicap, such as mobility, vision, mental, dexterity or hearing loss;

"department" means the Department of Military Veterans (DMV) also referred to as the department in these regulations

"designated service provider" means a health care provider or group of providers who are contracted with the department to provide diagnosis, treatment and care in respect of one or more prescribed minimum benefits conditions, and who are identified in these Regulations as the designated service provider in respect of those conditions;

"emergency medical condition" means the sudden and at the time unexpected onset of a health condition that requires immediate medical or surgical treatment where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the persons health in serious jeopardy;

"emergency medical services" means a person, organization dedicated or staffed and equipped to offer emergency medical care, interhealth facility, medical treatment or transport of the ill or injured to definitive care;

"managed health care" means a clinical and financial risk assessment and management of health care, with a view of facilitating appropriateness and cost effectiveness of relevant health services within the constraints of what is affordable, through the use of rule-based and clinical management-based programmes;

"means test" means the evaluation of the income and assets of the person applying to determine whether the person's means are below a stipulated amount;

"out-sourced services" refers to planned health care services that are not available at the Designated Service Providers (DSP) appointed by the department and are referred to other health care providers.

"pre-authorisation" means a process where a military veteran or a service provider applies or first checks with the department or appointed DSP for permission to be granted prior to accessing services placed on restrictions like certain medications and tests as outlined on the schedule of benefits;

"schedule of benefits" refers to a document or booklet that outlines in and out-of-hospital services covered by the department and the benefit allocation for each service;

2. Objectives

The objective of these Regulations is to:

- (1) Provide guidelines on the provision of quality access to health care services to military veterans as prescribed in Section 5(1)(i) of the Act.
- (2) Ensure that comprehensive access to healthcare services for military veterans is provided in a coordinated, effective, efficient and cost-effective manner.
- (3) Facilitate, coordinate and improve access to health care services to eligible military veterans throughout the country through enabling the DMV to enter and implement partnerships/service agreements with other healthcare services delivery entities in the private and public sector.
- (4) Increase military veterans' participation in the management of their health care.
- (5) Improve the health outcomes and military veterans.
- (6) Ensure appropriate use of health care services.
- (7) Ensure that the benefit is provided to its intended recipients.

3. Access to health care

- (1) Access to health care for military veterans is provided as a non-contributory benefit at the expense of the state at the nearest public facility, private facility or DMV-designated healthcare service providers, in line with the DMV healthcare service delivery model.
- (2) All eligible military veterans shall receive comprehensive quality health care services covering Primary, Secondary and Tertiary health care services.
- (3) Health care is accessible for military veterans as follows—
 - (a) through the South African Military Health Care Services (SAMHS) based on the Memorandum of Understanding;
 - (b) through the Department of Health (DOH); and
 - (c) through the contracted Designated Service Providers (DSP) network
- (4) All eligible military veterans must receive the department's medical cover cards to ensure proper identification and ease of access to health care facilities approved by the department.
- (5) The medical cards will be linked to benefits allocated for each service as outlined in the schedule of benefits booklet that will be availed to military veterans and healthcare service partners:
 - (a) The department shall review the schedule of benefits booklet when it's necessary, in line with inflation, the disease profile of military veterans, risk assessment, and healthcare industry developments.
 - (b) The List of DMV healthcare service providers/partners shall be made available and communicated to military veterans

- (c) All military veterans must be familiar with the contents of the schedule of benefits
- (d) Services accessed through the department's designated service providers shall be paid from each military veteran's available benefit allocations.
- (e) All military veterans must be familiar with the contents of the Schedule of Benefits.
- (f) SAMHS, the DoH and DMV DSP's shall remain as the primary DMV health care service providers for all DMV-eligible military veterans, based on the DMV service delivery model.
- (g) All services received outside the DMV designated service providers / partners, will be subject to the availability of allocated benefits, pre-authorization and clinical practice protocols which are evidence-based.
- (h) Military veterans who reside further than 50km from the DMV-designated healthcare service facilities will not be required to obtain a pre-authorization if the treatment is received from a healthcare practitioner on the DSP list.
- (i) The list of designated service providers across the country shall be communicated and provided with the schedule of benefits booklet and also online.

4. Eligibility

- (1) Only military veterans may qualify for access to healthcare in terms of section 5 of the Act.
- (2) In line with observing section 1(e) of the military veterans Act priority shall be granted to military veterans who did not have the opportunity to access health care benefit through their former employer in the former statutory forces, did not intergrate did not voluntarily discontinue their medical cover while employed by the South African National Defence Force or South African Defence Force or current employer if still employe.
- (3) A qualifying military veteran will be subject to a means test in line with the old age grant as contemplated in section 5 (2) (a) and (b) of the Social Assistance Act, 2004 (Act No.13 of 2004).
- (4) The Minister may, in consultation with the Minister of Finance, by notice in the Gazette, annually update the threshold amounts.

5. Criteria to qualify for access to health care benefit

- (1) A military veteran qualifies to access health care at the expense of the State, within the Republic if he or she—

- (a) is a military veteran who is registered in the National Military Veterans Database.;
- (b) The military veteran never had an opportunity to receive the benefit prior to integration into the formal force, and military veterans who did not discontinue their medical coverage
- (c) is not employed and has no means to provide for his or her medical cover;
- (d) is employed but—
 - (i) does not qualify for a medical subsidy from his or her employer; or
 - (ii)

6. Procedure for application for military veterans' access to health care

- (1) Military Veterans or his or her representative may apply for a benefit by completing an appropriate application form accompanied by all relevant supporting documents.
- (2) The Department of Military Veterans will process eligible applications and provide military veterans with the outcome of the application within 30 working days from the receipt of the application.
- (3) membership cards will be provided to approved military veterans within 30 working days upon approval of the application.
- (4) Military veterans who are already authorised to access health care services at SAMHS, must complete the updated form to receive their medical cards for continued access to the benefit from DMV-designated service providers outside SAMHS, before they can receive such services.
- (5) The membership cards/equivalent must be produced to access healthcare at the healthcare facilities upon request. The cards remain the property of the DMV and must be destroyed by the military veteran on termination or cessation of their membership.
- (6) The cards remain the property of the DMV and must be destroyed by the military veteran on termination or cessation of their membership.
- (7) Military Veterans have the responsibility to comply with the prescripts of the designated DMV's DSP partners.

7. Documents Required for Health Care Access

- (1) Eligible Military Veterans requiring health care benefit, must apply to the DMV to have access to health care services.
- (2) The following documents will be required:

- (a) fully completed Benefit Access Forms available from the DMV offices (Including Provincial Offices) and the DMV website; (www.dmv.gov.za)
- (b) certified Identity Documents;
- (c) proof that he or she does not qualify for medical aid subsidy (e.g. Letter from Human Resources if employed);
- (d) proof that medical aid cover is inadequate;
- (e) copy of medical aid where applicable; and any other documents that may be required whilst administering the benefit.

8. Claims Procedure

- (1) Every claim submitted to the DMV in respect of the rendering of the relevant health services in terms of these Regulations shall be submitted to the DMV based on the healthcare service delivery model in line with the following—
 - (a) MoU/SLA entered into between the DMV and the Designated Service Provider.
 - (b) Claims must be aligned to the Schedule of Benefits.
 - (c) All claims must be submitted within at least one hundred and 120 days after the service has been provided. Claims submitted after the period will be deemed as stale claims.

9. Limitations

(1) The following services are not covered under the DMV health care benefit—

- (a) all costs for operations, medicines, treatments and procedures for cosmetic purposes except for medical reasons as determined according to the managed care protocols;
- (b) holidays taken for recovery;
- (c) medicines not registered with the South African Health Products Regulatory Authority;
- (d) toiletries, beauty products, slimming products, homemade remedies and alternative medicines;
- (e) household products such as disinfectants, soaps, food and fitness-related nutritional supplements;
- (f) treatments by a healthcare provider who is not registered with a recognized professional body or any healthcare facility that is not registered in terms of the law;
- (g) any medicine, procedure or treatment that is not in line with evidence-based medicine principles and not supported by managed health care guidelines;
- (h) penalties that military veterans incur and must pay to a healthcare provider because they did not keep an appointment;
- (i) any costs for services rendered by or in respect of persons not registered with a recognized professional body constituted in terms of any legislation;
- (j) any institution, nursing home or similar not registered in terms of any law;
- (k) any procedure, treatment or medication which is provided to military veterans during a clinical trial;
- (l) any procedure, treatment or medication provided to beneficiaries outside the Republic of South Africa shall not be paid for by the department;
- (m) any exclusions outlined in the Schedule of Benefits; or
- (n) any IRP5 or tax claims as this is a non-contributory benefit.

(2) Military Veterans, whose benefits become depleted, will be able to access services at the DOH public facilities.

(3) A military veteran who access health care services in a non-DMV approved service partner facility, without authorisation by the department, shall be liable to the costs of the health care associated with that service.

- (4) Any person who is not a registered military veteran who utilizes the military veterans' membership card, will be knowingly committing an offence in terms of the Prevention and Combating of Corrupt Activities Act (Act 12 of 2004), and shall be reported accordingly.

10.Appeals

- (1) Any person who appeals in terms of section 20 of the Act against an administrative decision may lodge a written notice of appeal with the Appeal Board Secretariat.

11.Repeal of Laws

- (1) These Regulations repeal the Military Veterans Health Care Regulations, 2014.

12.Short title

- (1) These Regulations are called the Military Veterans Health Care Amendment Regulations, 2025.

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