

Medical Scheme Name	BONITAS	FEDHEALTH - SANTAM	FEDHEALTH - SANTAM	FEDHEALTH - SANTAM
IMPORTANT: Bonitas Medical Fund will no longer be an employer selected medical scheme from 2025. Bonitas Medical Fund reflects solely for the purpose to compare available benefits and options on Fedhealth Medical Scheme.		SIMILAR OPTION	BUY UP OPTION	BUY DOWN OPTION
Benefits	Standard Select - 2025	flexiFED 3 GRID Bespoke Savings Standard Select - 2025	flexiFED 3 Bespoke Savings Standard - 2025	flexiFED 2 Max Savings - 2025
Contribution	Refer to the guidance letter for contributions.	Refer to the guidance letter for contributions.	Refer to the guidance letter for contributions.	Refer to the guidance letter for contributions.
Overall Annual Maximum	Unlimited	Unlimited at a network hospital	Unlimited at any private hospital	Unlimited at any private hospital
Hospital Benefit				
1 Private Hospital Care	Network Hospitals	Unlimited, at a network hospital. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network GP's, specialists and other healthcare professionals are paid up to the Fedhealth Rate.	Unlimited, at any private hospital. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network GP's, specialists and other healthcare professionals are paid up to the Fedhealth Rate.	Unlimited, at any private hospital. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network GP's, specialists and other healthcare professionals are paid up to the Fedhealth Rate.
2 Co-payment	30% co-pay on non use of network hospital, Chronic: 30% use of non-formulary drugs, Acute or over the counter meds: 20% use of non-DSP or non-formulary meds, R37 080 co-pay for non-use of Hip and Knee replacement DSP, R3 500 to R5 000 co-pay on dental admissions, a R2 500 upfront co-pay if the dental treatment is done in a day hospital. 20% for use of non-DSP for Dialysis. 25% co-pay for use on hearing aids non-DSP, Oncology meds: 20% for non-network or non-formulary meds. MRI/CT Scans R1 860 co-pay per scan except for PMB. Oncology treatment - 20% co-pay for treatment once limited is reached.	A R15 470 co-payment on the use of non-network hospitals. A R2 630 co-payment on the use of non-network day surgery facilities. Co- payments applicable to a defined list of procedures ranging from R 5,730 to R 33,490	Co- payments applicable to a defined list of procedures ranging from R 5,730 to R 35,240	Co- payments applicable to a defined list of procedures ranging from R5440 to R10070
3 Oncology	Unlimited PMB's. Limited to R280 100 p/f p/a at the DSP, 20% co-pay for treatment once limited is reached. Pre-auth required, Submit of R60 680 p/b for Brachytherapy. Submit of R157 800 can be used for specialised drugs (including biological drugs). Cancer medication - subject to preferred list and DSP or 20% co-payment	Oncology is covered up to R350 000 per family per annum. Preferred ICON and subject to tier 1 Primary level of care.	Oncology is covered up to R350 000 per family per annum. Preferred ICON and subject to tier 1 Primary level of care. 25% co-payment for use of non-DSP	Oncology is covered up to R311 900 per family per year. Preferred DSP ICON subject to tier 1 Primary level of care. 25% co-payment will apply on non-DSP
4 Organ Transplants	Unlimited, subject to pre-auth and State protocols, Submit of R41 070 p/b for Corneal grafts	Limited to R311 900 per annum	Limited to R311 900 per annum	Limited to R311 900 per annum
5 Dialysis	Unlimited, subject to pre-auth, State protocols and DSP or 20% co-payment	Limited to R311 900 up to the Fedhealth Rate at a DSP	Limited to R311 900 up to the Fedhealth Rate at a DSP	Limited to R311 900 per annum up to the Fedhealth Rate at a DSP.
6 Maternity - Natural Birth	Unlimited, subject to authorization	Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's, Specialists and other healthcare providers are paid up to the Fedhealth Rate. Private ward cover (when available).	Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's, Specialists and other healthcare providers are paid up to the Fedhealth Rate. Private ward cover (when available).	Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's, Specialists and other healthcare providers are paid up to the Fedhealth Rate. 8 ante and postnatal consultations with a midwife, network GP or gynaecologist.
Elective Caesarean	Unlimited, subject to authorization	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate
7 To take home medication	Limited to a 7 day supply up to R605 per hospital stay	7 days of take-home medicine when discharged from hospital.	7 days of take-home medicine when discharged from hospital	7 days of take-home medicine when discharged from hospital
8 Psychiatric Hospitalisation	R51 900 p/f with no cover for physiotherapy due to mental health admission. In and out of hospital consultations limited to R20 310 p/f p/a (included in Hospital Mental Health limit)	Limited to R28 000 per annum	Limited to R28 000 per annum	Limited to R26 400 per annum
Radiology/Pathology/Prosthesis				
1 Basic Radiology	Unlimited, at 100% of the Bonitas rate	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate

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2 MRI CT & PET Scans	Limited to R34 020 p/f p/a (in and out-of-hospital), subject to pre-auth, R1 860 co-payment per scan except for PMB	Unlimited at Fedhealth Rate. First R5 500 for non PMB MRI/CT scans for the member's account.	Unlimited at Fedhealth Rate. First R5 500 for non PMB MRI/CT scans for the member's account.	Unlimited at Fedhealth Rate. First R2 960 for non PMB MRI/CT scans for the member's account.
3 Pathology	Unlimited, at 100% of the Bonitas rate	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate
4 Internal Prosthesis	Limited to R57 630 p/f p/a (combined with external prosthesis limit). Sub-limit R6 860 per breast prosthesis limited 2 p/a. Subject to pre-auth & DSP apply. Internal nerve stimulators limited to R215 800 p/f and Cochlear implants limited PMB only	Limited to R65 500 per annum	Limited to R65 500 per annum	Unlimited at cost at PMB level of care
Sub Acute Facilities				
1 Hospice	R21 570 p/f, Unlimited Palliative care cancer only subject to DSP.	Limited to R34 500	Limited to R34 500	limited to R34 500
2 Nursing	Combined with Hospice benefit	Unlimited at negotiated tariff.	Unlimited at negotiated tariff.	Unlimited at negotiated tariff.
3 Ambulance Services	Unlimited - Europ Assistance	Europ Assistance	Europ Assistance	Europ Assistance
Chronic Benefit				
27 CDL chronic conditions	Unlimited - Pharmacy Direct with a formulary must be used, if not a 30% co-payment will apply and 30% co-payment for use of non-formulary medication	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a DSP.	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a preferred provider.	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a preferred provider.
Additional chronic conditions	18 Conditions - R12 530 p/b limited to R25 140 p/f formulary applicable, 30% co-payment for use of non-formulary medication and Pharmacy Direct to be used, if not a 30% co-payment will apply	An additional list of conditions, subject to a R3200 limit per family per annum.	An additional list of conditions, subject to a R3 200 limit per family.	No benefit
Day-to-day Benefit				
Overall Annual Maximum	M: R13 440, M1: R20 170, M2: R22 410, M3+: R24 650: With sub-limits for GP & Specialist, Acute and OTC medicine, X-Rays & Blood tests and auxiliary services. Supplementary Benefits + R5 000 p/f Benefit Booster	Subject to available Savings and Threshold. The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.	Subject to available Savings and Threshold. The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.	Subject to available Savings and Threshold. The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.
Preferred Provider	Yes - Bonitas GP Network	Fedhealth Network GP's and specialists	Fedhealth Network GP's and specialists	Fedhealth Network GP's and specialists
Medical Savings Account	N/A	Annual Nominal Savings: PM: R312, AD: R288, C: R108 Annual Bespoke Savings: M: M: R11 808, M+1: R14 400, M+2: R15 600, M+2+: R23 004	Annual Nominal Savings: PM: R 348 , AD: R312, C: R120 Annual Bespoke Savings: M: R11 808, M+1: R14 400, M+2: R15 600, M+2+: R23 004	Annual Nominal Savings: PM: R348, AD: R300, C: R84 Annual Max Savings: M: R10 340, M+1: R19 560, M+2: R24 310, M+2+: R27 360
Annual Threshold	N/A	Threshold: M: R 7,900 , M+1:R 13,700 , M+2: R 15,600 , M+3:R 18,400	Threshold: M R 7,900 , M+1: R 13,700 , M+2: R 15,600 , M+3: R 18,400	Threshold: M: R6 200, M+1: R11 300, M+2: R12 800, M+3: R16 400
Self Payment Gap	N/A	Self-payment gap will vary depending on the Savings allocation	Self-payment gap will vary depending on the Savings allocation	Self-payment gap will vary depending on the Savings allocation
Above Threshold Benefit	N/A	All day-to-day expenses accumulate to the Threshold level at cost. Thereafter certain claims will be paid from the Threshold Benefit. These include preventative and basic dentistry and unlimited nominated GP Visits.	All day-to-day expenses accumulate to the Threshold level at cost. Thereafter certain claims will be paid from the Threshold Benefit. These include preventative and basic dentistry and unlimited nominated GP Visits.	All day-to-day expenses accumulate to the Threshold level at cost. Thereafter certain claims will be paid from the Threshold Benefit. These include preventative and basic dentistry and unlimited nominated GP Visits
GP's and medication				

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1 General Practitioners	Nominate 2 GP pbpa. 2 non-network GP visits allowed p/pa. Consultations with non-network GP's are limited to PMB only. Subject to Overall Day-To-Day Limit. GP/Specialists Sub-limits : M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720 . Additional benefits from the Benefit Booster. Additional GP consultations when the GP and Specialist consultations day to day sublimit is reached - 2 network GP consultations pf	Paid from Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GP's. Limited to two mental health consultations per beneficiary per year.	Paid from Savings then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GP's. Limited to two mental health consultations per beneficiary per year.	Paid from Savings - then unlimited at nominated network GP once Threshold has been reached. Each beneficiary can nominate up to 2 network GP's. Limited to two mental health consultations per beneficiary per year.
2 Specialists	Subject to Overall Day-To-Day Limit. Bonitas Network GP/Specialists Sub-limits : M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720 . Additional benefits from the Benefit Booster. Additional Specialist consultations when the GP and Specialist consultations day to day sublimit is reached - 2 network GP consultations pf	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
3 Prescribed Medication	Subject to Overall Day-To-Day Limit. Acute and Over-The-Counter Medicine Sub-limits: M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720 . Additional benefits from the Benefit Booster.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
4 Pharmacy Advised Medicine	Subject to Overall Day-To-Day Limit. Acute and Over-The-Counter Medicine Sub-limits: M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720 . Inclusive OTC sub-limit of R895 p/b and R2 800 p/f. Additional benefits from the Benefit Booster.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
Radiology & Pathology				
1 Out-Of-Hospital Basic Radiology	Subject to Overall Day-To-Day Limit. X-Rays Blood Tests Sub-limits : M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720 . Additional benefits from the Benefit Booster.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
2 MRI CT & PET Scans	Limited to R34 020 p/f p/a (Combined in and out-of-hospital), subject to pre-auth. R1 860 co-payment per scan except for PMB.	Unlimited at Fedhealth Rate. First R5,000 for non-PMB MRI/CT scans for the member's account	Unlimited at Fedhealth Rate. First R5 500 for non-PMB MRI/CT scans for the member's account	Unlimited at Fedhealth Rate. First R2 960 for non-PMB MRI/CT scans for the member's account
3 Out-Of-Hospital Pathology	Subject to Overall Day-To-Day Limit. X-Rays Blood Tests Sub-limits : M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720. Additional benefits from the Benefit Booster.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
Dental Benefit				
1 Conservative Dentistry	Subject to Bonitas protocols and sublimits and covered at the Bonitas Dental Tariff (BDT)	Paid from Savings or self-funded. Once Threshold level has been reached, 2 annual consultations per beneficiary incl. x-rays and scaling and polishing, fillings, extractions and root canal will also be covered. Subjected to contracted dentists, and limited list of approved procedures and protocols.	Paid from Savings or self-funded. Once Threshold level has been reached, 2 annual consultations per beneficiary incl. x-rays and scaling and polishing, fillings, extractions and root canal will also be covered. Subjected to contracted dentists, and limited list of approved procedures and protocols.	Paid from Savings or self-funded. Once Threshold level has been reached, 2 annual consultations per beneficiary incl. x-rays and scaling and polishing, fillings, extractions and root canal will also be covered. Subjected to contracted dentists, and limited list of approved procedures and protocols.
2 Specialised Dentistry	Subject to Bonitas protocols and sublimits and covered at the Bonitas Dental Tariff (BDT)	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
Optical Benefit				
1 Examination	DSP - PPN, 1 p/b every 2 years (on date of last claim) OR R400 p/b for exam at non-DSP. Each beneficiary can choose glasses. Choose between glasses or contact lenses	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from from Savings / Wallet or self-funded. Accumulates at cost to Threshold level	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level

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Benefits	Standard Select - 2025	flexiFED 3 GRID Bespoke Savings Standard Select - 2025	flexiFED 3 Bespoke Savings Standard - 2025	flexiFED 2 Max Savings - 2025
2 Lenses	100% at network - PPN, OR Single vision R215 per lens, Bifocal R460 per lens, Multifocal R860 per designer lens in and out of network	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from from Savings / Wallet or self-funded. Accumulates at cost to Threshold level	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
3 Frames	Limited to R1 405 p/b every 2 years, R1 054 p/b non-DSP	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from from Savings / Wallet or self-funded. Accumulates at cost to Threshold level	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
4 Contact Lenses	R2 120 p/b, included in the family limit	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from from Savings / Wallet or self-funded. Accumulates at cost to Threshold level	Limited to R1 930 per beneficiary every 24 months, paid from risk. Thereafter paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
Auxiliary Services				
1 Physiotherapy	Subject to Overall Day-To-Day Limit. Auxiliary Services Sub-Limit : M: R3 370, M1: R5 040, M2: R5 610, M3+: R6 720. Additional benefits from the Benefit Booster.	Paid from Savings or self-funded. Accumulates at cost to Threshold level..	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
2 Psychiatry	R20 310 p/f, in and out of hospital consultations (included in mental health hospitalization benefit)	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
3 Psychology	Combined with above Psychiatry benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-funded. Accumulates at cost to Threshold level
HIV/AIDS	Unlimited if registered on the HIV/AIDS programme. Chronic medicine must be obtained from the DSP	Unlimited. Aid for AIDS Management Program	Unlimited. Aid for AIDS Management Program	Unlimited. Aid for AIDS registration required
Financial and Demographic				
1 Date of information	2023-11-01	2023-11-01	2023-11-01	2023-11-01
2 Principal Members	Scheme - 353 763 (7 787)	Scheme - 62 859 (2 321)	Scheme - 62 859 (9 696)	Scheme - 62 859 (4 390)
3 Administrator	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd
4 Scheme (Option) age profile	Average age - 35.5 (40.40); Pensioner % - 11% (26.01%)	Average age - 42.3 (47.9); Pensioner % - 20.7% (30.9%)	Average age - 42.3 (48.5); Pensioner % - 19.10% (20.7%)	Average age - 42.3 (34.7); Pensioner % - 20.7% (11.2%)
5 Solvency ratio	41.3%	43.39%	43.39%	43.39%
6 Past Scheme increases	2022 - 4.8%, 2023 - 5.9%, 2024 - 6.9%, 2025 - 10.2%	2022 - 5.5%, 2023 - 8.8%, 2024 - 10.8%, 2025 - 12.4%	2022 - 5.5%, 2023 - 8.8%, 2024 - 10.8%, 2025 - 12.4%	2022 - 5.5%, 2023 - 8.8%, 2024 - 10.8%, 2025 - 12.4%
Contribution				
Descriptions				
Plan Description	Offers unlimited private hospital cover in network of private hospitals. Cover in hospital for network specialists up to 100% of the Bonitas rate. Cover for chronic medicine for 45 Chronic conditions. Day to day benefits with set limits. Maternity benefits and annual wellness screening and R5 000 for Benefit Booster. Cover for medical emergencies when travelling.	The flexIFed 3 GRID option is for growing families. Benefits include unlimited hospitalisation at a network of hospitals, Chronic medication, Oncology, enhanced maternity benefit and customised childhood benefits which include HPV Vaccine for girls between the ages 9 to 16, mental health, preventative screening and a day-to day benefit consisting of savings and a Threshold Benefit. Trauma treatment in a casualty ward.	The flexiFed 3 option is for growing families. Benefits include unlimited hospitalisation, Chronic, Oncology, enhanced maternity benefit and customised childhood benefits which include HPV Vaccine for girls between the ages 9 to 16, mental health, preventative screening and a day-to day benefit consisting of savings and a Threshold Benefit. Trauma treatment in a casualty ward.	The flexFed 2 option is for family start-ups. Benefits include unlimited hospitalisation, Chronic, Oncology, Rich Maternity benefits, childhood benefits which include HPV Vaccine for girls between the ages 9 to 14, mental health, preventative screening and a day-to day benefit consisting of savings, and a Threshold Benefit. Trauma treatment in a casualty ward.

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Benefits	Standard Select - 2025	flexiFED 3 GRID Bespoke Savings Standard Select - 2025	flexiFED 3 Bespoke Savings Standard - 2025	flexiFED 2 Max Savings - 2025
High Level Description	In hospital cover to 100% of the Bonitas rate in network hospital - medical scheme benefits for day to day benefits. 27 Chronic conditions PLUS additional chronic cover for certain conditions. Maternity benefit paid from risk. Supplementary benefits that is paid from risk.	Unlimited at any network hospital. Co-payments apply for the non- use of non-use of day surgery networks for certain day procedures. 27 Chronic Conditions plus an additional chronic disease list. Medication must be on the formulary list and obtained from a DSP. Day-to day cover consists of savings and a Threshold Benefit.	Unlimited at any private hospital. Co-payments apply for the non-use of day surgery networks for certain day procedures. 27 Chronic Conditions plus an additional chronic disease list. Medication must be on the formulary list and obtained from a preferred provider. Day-to day cover consists of savings and a Threshold Benefit.	Unlimited at any private hospitals. There is a R2500 co-payment on the use of non-network day surgery facilities. 27 Chronic Conditions. Medication must be on the formulary list and obtained from a preferred provider. Day-to day cover consists of savings, and a Threshold Benefit.
E & OE. Although care is taken to represent the benefits and rates correctly, errors and omissions could occur. In case of any conflict, the Rules of the affected Scheme prevail.				