

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	BonComprehensive - 2025	maxima EXEC - 2025	maxima PLUS - 2025	flexiFED 4 Fixed 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 any private hospital	Unlimited	Unlimited at any private hospital
Hospital Benefit				
1 Private Hospital Care	Any Private Hospital	Unlimited, at any private hospital with the exception 7 specific hospitals (please refer to the hospital network list). Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's and other healthcare providers are paid up to the Fedhealth Rate. Non-network Specialists are paid up to 200% of the Fedhealth Rate.	Unlimited, at any private hospital except 6 specific hospitals - refer to hospital network list. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network specialists are covered at 200% and other Healthcare Professionals at 300% of 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	A R2 800 Co-payment on MRI and CT Scans except for PMB. R7 420 co-pay for cataract surgery in non-DSP. No cover for Spinal surgery without prior assessment through the DBC programme, R37 080 for non-use of Hip and Knee replacement DSP, Chronic: 30% when using non-formulary drugs, 30% when using non-network pharmacy, 25% co-payment on hearing aids, Acute Medicine: 20% for non-network or non-formulary use in above threshold benefit, 20% when using non-DSP for Dialysis and Cancer meds, No Cover for Oncology if not using DSP, 20% co-payment for Oncology treatment once limit has been reached,	Co-payments apply for certain in-hospital procedures from R3 340 - R 35,240	R 7 520 Cataract surgery and R 35 240 non-DSP Single Hip and Knee replacements, R 8 840 for elective procedures at 6 hospitals	Co-payments applicable to a defined list of procedures ranging from R5,000 to R 33,490
3 Oncology	Unlimited PMB's. R448 200 p/f p/a of which R448 200 p/f can be used for Specialised drugs including Biological drugs. Once the limit has been reached, 20% co-payment will apply for ongoing treatment. Sub limit of R60 680 p/b for Brachytherapy, Oncology medication: 20% co-payment for non-network use.	Limited to R 624,000 at preferred providers, ICON and SAOC subject to tier 2 level of care.	Unlimited at preferred provider ICON and paid from Enhanced protocol	Oncology is covered up to R499 100 per family per annum. Preferred ICON and subject to tier 1 Primary level of care. 25% co-payment for use of non-DSP
4 Organ Transplants	Unlimited, subject to pre-auth and DSP, Sublimit of R38 670 p/b for corneal grafts	Limited to R624 000 per annum. Corneal Grafts are limited to R36 300 per beneficiary per annum	Unlimited	Limited to R499 100 per annum. Corneal Grafts are limited to R36 300 per beneficiary per annum
5 Dialysis	Unlimited, subject to pre-auth and DSP or 20% co-payment	Limited to R624 000 up to the Fedhealth Rate at a DSP.	Unlimited up to the Fedhealth Rate at a DSP. A 40% co-payment applies where a DSP is not used.	Limited to R499 100 per annum up to the Fedhealth Rate at a DSP
6 Maternity - Natural Birth	Unlimited, subject to pre-auth. Private ward after delivery (up to 3 days)	Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's and other healthcare providers are paid up to the Fedhealth Rate. Non-network Specialists are paid up to 200% of the Fedhealth Rate.	Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network specialists are covered at 200% and other Healthcare Professionals at 300% of the Fedhealth Rate.	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).
Elective Caesarean	Unlimited, subject to pre-auth. Private ward after delivery (up to 3 days)	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.	Unlimited. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network specialists are covered at 200% and other Healthcare Professionals at 300% of the Fedhealth Rate. Private ward covered when available	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.
7 To take home medication	Limited to 7 days supply up to the value of R670 per admission	7 days of take-home medicine when discharged from hospital.	7 days of take-home medicine when discharged from hospital limited to R400 pb per admission	7 days of take-home medicine when discharged from hospital.
8 Psychiatric Hospitalisation	R59 920 p/f, sublimit of R20 310 p/f for in-and-out of hospital consultations at a DSP. Physiotherapy excluded for all Mental Health admissions	Limited to R35 800 per annum	Limited to R45 100 per annum	Limited to R28 000 per annum
Radiology/Pathology/Prosthesis				

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Benefits	BonComprehensive - 2025	Santam maxima EXEC - 2025	Santam maxima PLUS - 2025	flexiFED 4 Fixed Savings - 2025
1 Basic Radiology	Unlimited, at 100% of the scheme rate	Paid from Savings & Threshold	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.
2 MRI CT & PET Scans	R38 470 p/f p/a (in and out-of-hospital), Subject to pre-auth. R2 800 co-payment per scan except for PMB	Unlimited at Fedhealth Rate. First R2 960 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	Unlimited at Fedhealth Rate. First R 5 500 for non PMB MRI/CT scans for the member's account.
3 Pathology	Unlimited, at 100% of the scheme rate	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.
4 Internal Prosthesis	Limited to R67 640 p/f for Internal and External prosthesis Sub-limit of R6 450 per breast prosthesis (limited to 2 per year). R341 000 p/f for cochlear implants at preferred supplier, R203 200 p/f for internal nerve stimulators. Deep brain stimulation - R286 500 p/b excluding prostheses	Limits from R3 500 to R65 500 apply for certain procedures	Limits apply for certain procedures.	Limited to R65 500 per annum.
Sub Acute Facilities				
1 Hospice	R20 310 p/f, Unlimited Palliative care cancer only, subject to use of DSP	Partnered with Alignd for palliative care treatment.	Partnered with Alignd for palliative care treatment.	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 - Bonitas Pharmacy Network or Pharmacy Direct must be used, if not a 40% co-payment will apply and 30% co-payment for use of non-formulary medication	Unlimited cover for conditions on the Chronic Disease List, plus an additional list of conditions. Medication to be obtained from a preferred provider.	Unlimited cover for conditions on the Chronic Disease List, plus an additional list of conditions. Medication to be obtained from a preferred provider.	Unlimited cover for conditions on the Chronic Disease List, plus an additional list of conditions. Medication to be obtained from a preferred provider.
Additional chronic conditions	33 Conditions - R18 040 p/b limited to R35 920 p/f formulary applicable, 30% co-payment for use of non-formulary medication and Bonitas Pharmacy Network to be used, if not a 30% co-payment will apply	Subject to a limit of R7 890 per beneficiary, and an overall annual limit of R14 500 per family per annum. Thereafter unlimited cover for conditions on the CDL.	Limited to R16 700 per beneficiary, subject to an overall limit if R31 000 per family per year. Thereafter unlimited cover for conditions on the CDL.	Subject to a limit of R6 300 per beneficiary, and R12 600 per family per annum. Thereafter unlimited cover for conditions on the CDL.
Day-to-day Benefit				
Overall Annual Maximum	Available Savings and/or Above Threshold Benefit + Supplementary Benefits	Limit per family per year	Subject to available MSA, OHEB, Self-Payment Gap and Threshold.	Subject to available Savings and Threshold. The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level. A 20% co-payment applies to all claims paid from the Threshold Benefit.
Preferred Provider	Any GP, Specialist		Fedhealth Network GP's and specialists	Fedhealth Network GP's and specialists
Medical Savings Account	18.9% - PM: R25 632, AD: R24 168, C: R5 220	Savings: M: R 12156, M+AD: R 22 704, M+AD+C: R 26 448, M+AD+2C: R 30 192	Combined Savings and OHEB: M: R17 810, M+AD: R 31 718, M+AD+C: R 36 324, M+AD+2C: 40 930	Annual Nominal Savings: PM: R348, AD: R312, C: R108 Annual Fixed Savings: M: R13 120, M+1: R22 970, M+2: R26 200, M+2+: R30 180
Annual Threshold	PM: R30 842, AD: R28 488 C: R7 190	M: R 21 200, M+AD: R 36 800, M+AD+C: R 41 700, M+AD+2C: R 46 600	M: R R 22,700, M+AD: R 40 400, M+AD+C: R 46 600,	Threshold: M: R 21,200 , M+1: R 36,800, M+2:R 41,700 ,
Self Payment Gap	PM: R5 210, AD: R4 320, C: R1 970	PM: R9 044, M+AD: R 14 096, M+AD+C: R 15 252, M+AD+2C: R16 408	M: R 4 890, M+AD: R 8 682, M+AD+C: R 10 276, M+AD+2C: R 11 870	Self-payment gap will vary depending on the Savings allocation

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Above Threshold Benefit	Unlimited	Various limits and 10% co-payment apply	The Threshold benefit pays for certain day-to-day expenses once the claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the member's day-to-day benefit or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. Where limits do accumulate, expenses will only accumulate up to this limit and this limit will also apply to refunds from Threshold.	The Threshold benefit pays for certain day-to-day expenses once the claims have accumulated up to the required level. The Threshold level is reached through the accumulation of claims paid from the Savings or self-funded through the year at the Fedhealth Rate. Certain benefit limits do not accumulate to Threshold. A 20% co-payment will apply to all claims paid from the Threshold benefit.
GP's and medication				
1 General Practitioners	Subject to available MSA and/or above Threshold	Network GP's paid from Savings then unlimited from Risk. Once Savings is depleted, unlimited cover. Non-network GP's are paid from Savings and Threshold at the Fedhealth Rate.	Network GP's paid from OHEB then unlimited from Risk. Once OHEB is depleted, unlimited cover. Non-network GP's are paid from Savings, OHEB and Threshold at the Fedhealth Rate.	Unlimited consultations at a nominated Network GP. Each Beneficiary can nominate up to two network GP's. These consultations are paid from Risk. Limited to two mental health consultations per beneficiary per year. Non-network GP's and non-nominated GP's limited to two consultations paid up to the Fedhealth Rate.
2 Specialists	Subject to available MSA and/or above Threshold - GP referral	Network Specialists are paid from Savings and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. Non-network specialists are paid from Savings and Threshold. Does not accumulate to Threshold. Paid at the Fedhealth Rate. A 10% co-payment if GP referral is not obtained	Network Specialists are paid from Savings, OHEB and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. Non-network specialists are paid from Savings, OHEB and Threshold at Fedhealth Rate.	Paid from Savings or self-funded. Accumulates at cost to Threshold level. Unlimited at cost once Threshold is reached. For non-network specialists, paid from savings or self-funded ad Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained.
3 Prescribed Medication	Subject to available MSA and/or above Threshold , subject to formulary and Bonitas Pharmacy Network in above threshold benefit, a 20% co-payment for non-network or non-formulary use in above threshold benefit. Limited to R17 850 per family combined with over-the-counter medicine	Paid from Savings and Threshold. Limited to R7 940 per beneficiary per year, R14 700 per family per annum before and after Threshold.	Paid from Savings, OHEB and Threshold. Limited to R11 060 per beneficiary per year, R22 010 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R6 330 per beneficiary per year, R12 770 per family per annum before and after Threshold.
4 Pharmacy Advised Medicine	Subject to available MSA and/or above Threshold , subject to formulary and Bonitas Pharmacy Network in above threshold benefit, a 20% co-payment for non-network or non-formulary use in above threshold benefit. Limited to R17 850 per family combined with acute medicine	Paid from Savings. Does not accumulate or pay from Threshold.	Paid from Savings. Does not accumulate or pay from Threshold.	Paid from Savings or self-funded. Does not accumulate or pay from Threshold.
Radiology & Pathology				
1 Out-Of-Hospital Basic Radiology	Subject to available MSA and/or above Threshold	Paid from Savings and Threshold. Unlimited once Threshold is reached.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.	Paid from Savings or self-funded and Threshold. Unlimited once Threshold is reached.
2 MRI CT & PET Scans	R38 470 p/f p/a (Combined in and out-of-hospital), Subject to pre-auth Subject R2 800 co-payment per scan except for PMB	Paid from Risk if authorised. First R2 960 for non-PMB MRI / CT scans is for the member's account	Paid from Risk if Authorized Co-payment for each non-PMB MRI/CT, except for CT Angiography R 2 960	Unlimited at Fedhealth Rate. First R5 500 for non-PMB MRI/CT scans for the member's account
3 Out-Of-Hospital Pathology	Subject to available MSA and/or above Threshold	Paid from Savings and Threshold. Unlimited once Threshold is reached.	Paid from Savings, OHEB & Threshold. Subject to negotiated rates for DSP or 100% scheme tariff for non DSP	Paid from Savings or self-funded and Threshold. Unlimited once Threshold is reached.
Dental Benefit				
1 Conservative Dentistry	Subject to available MSA and/or above Threshold, protocols (including denture) and sub limits apply, pre-authorization required	Paid from Savings and Threshold. Unlimited once Threshold is reached.	Paid from Savings, OHEB and Threshold. Unlimited once Threshold is reached.	Paid from Savings or self-funded. Once Threshold level has been reached, this benefit is unlimited.

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2 Specialised Dentistry	Subject to available MSA and/or above Threshold, protocols (including denture) and sub limits apply, pre-authorization required	Limited to R8 270 per beneficiary per year, R24 700 per family per year before and after Threshold. Paid from Savings and Threshold.	Paid from Savings, OHEB and Threshold. Limited to R 8 270 per beneficiary per annum, R24 700 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R 8,270 per beneficiary per annum, R24 700 per family per annum before and after Threshold.
Optical Benefit				
1 Examination	DSP - PPN, subject to available MSA and/or above Threshold 1 p/b every 2 years (on date of last claim), limited to R4 053 p/b for exam, frames and lenses OR R400 p/b for exam at non-DSP	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings, OHEB and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R3 740 per beneficiary, R11 400 per family per year before and after Threshold. Optical screening for children aged 5 to 8 years.
2 Lenses	Combined with Examination benefit, 100% at network - PPN, OR Single vision R215 per lens, Bifocal R460 per lens, Multifocal R860 per lens, in and out of network	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings, OHEB and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R3 740 per beneficiary, R11 400 per family per year before and after Threshold. Optical screening for children aged 5 to 8 years.
3 Frames	Paid from available saving and /or above threshold benefit (subject to optometry sublimit)	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings, OHEB and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R3 740 per beneficiary, R11 400 per family per year before and after Threshold. Optical screening for children aged 5 to 8 years.
4 Contact Lenses	Paid from available saving and /or above threshold benefit (subject to optometry sublimit)	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings, OHEB and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	Paid from Savings or self-funded and Threshold. Limited to R3 740 per beneficiary, R11 400 per family per year before and after Threshold. Optical screening for children aged 5 to 8 years.
Auxiliary Services				
1 Physiotherapy	Subject to available MSA and/or above Threshold or Benefit Booster	Paid from Savings. Does not accumulate to threshold. Paid from Threshold up to the Additional Medical Services limit of R19 400 per family per annum	Paid from Savings and OHEB. Does not accumulate to or pay from Threshold.	Paid from Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year.
2 Psychiatry	R 20 310 p/f, in and out of hospital consultations (included in mental health hospitalisation benefit)	Network Psychiatrists are paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit. Non-network Psychiatry is paid from Savings. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit. R19 400 per family per annum. A 10% co-payment if GP referral is not obtained.	Network Psychiatrists are paid from Savings, OHEB and accumulation to and from Threshold at cost. Non-network Psychiatry are paid from Savings, OHEB and accumulation to and from Threshold at the Fedhealth Rate. Subject to Additional Medical Services limit of R19 400 per family per annum before and after Threshold.	Paid from Savings or self-funded. Does not accumulate to Threshold. Paid from Threshold at cost. Non-network Psychiatrists are paid from Savings / Medi Wallet or self-funded. Does not accumulate to Threshold. Paid from Threshold up to the Fedhealth Rate. Limited to the Medical Services limit of R12 900 per family per annum. 20% co-payment if GP referral not obtained.
3 Psychology	Combined with above Psychiatry benefit	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year.	Paid from Savings, OHEB and Threshold. Limited to R19 400 per family per annum before and after Threshold.	Paid from Savings or self-funded. Accumulates at cost to Threshold level. Unlimited at cost once Threshold is reached. For non-network specialists, paid from savings or self-funded and Threshold. Accumulation to and refund from Threshold up to the Fedhealth Rate only. 20% co-payment if GP referral not obtained.
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 Management Program
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 (4 256)	Scheme - 62 859 (2 782)	Scheme - 62 859 (835)	Scheme - 62 859 (11 591)
3 Administrator	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd

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Benefits	BonComprehensive - 2025	Santam maxima EXEC - 2025	Santam maxima PLUS - 2025	flexiFED 4 Fixed Savings - 2025
4 Scheme (Option) age profile	Average age - 35.5 (55.7); Pensioner % - 11% (44.3%)	Average age - 42.3 (62.7); Pensioner % - 20.7% (55.6%)	Average age - 42.3 (66.9); Pensioner % - 20.7% (65.6%)	Average age - 42.3 (51.8); Pensioner % - 20.7% (32%)
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. Cover in hospital for specialists up to 150% of the Bonitas rate. Full cover for chronic medicine for 60 Chronic conditions. With rich savings account and unlimited ATB cover for day to day healthcare needs. Maternity benefits. Cover for medical emergencies when travelling.	The Maxima Exec provides comprehensive cover. Benefits include unlimited hospitalisation. Chronic medication, Oncology, maternity and childhood benefits, preventative screening and a day-to-day benefit consisting of a Medical Savings Account (MSA) and a Threshold Benefit. A co-payment applies for non-PMB Trauma treatment in a casualty ward.	The Maxima Plus provides comprehensive cover. Benefits include unlimited hospitalisation Chronic medication, Oncology, maternity and childhood benefits, preventative screening and a day-to-day benefit consisting of a Medical Savings Account (MSA), Out-of-Hospital Expenses Benefit (OHEB), self-payment gap and Threshold Benefit . Trauma treatment in a casualty ward.	The flexiFed 4 option is for mature families. Benefits include unlimited hospitalisation, Chronic medication, Oncology, enhanced maternity benefit and customised childhood benefits which include HPV Vaccine for girls between the ages 9 to 16 and optical screening for children, mental health, preventative screening and a day-to day benefit consisting of savings and a Threshold Benefit and trauma treatment in a casualty ward.
High Level Description	In hospital cover to 150% - Medical savings Account 18.9% of contribution - High day to day cover PLUS Above Threshold with set limits on certain 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 private hospital. Co-payments apply for certain in-hospital procedures. 27 Chronic Conditions plus an additional chronic disease list subject to a rand limit. Day-to day cover consists of a Medical Savings Account (MSA) and a Threshold Benefit	Unlimited at any private hospital. 27 Chronic Conditions plus an additional chronic disease list subject to a rand limit. Day-to day cover consists of a Medical Savings Account (MSA), Out-of-Hospital Expenses Benefit (OHEB), self-payment gap and Threshold Benefit.	Unlimited at any private hospital. Co-payments apply for non-use of day surgery networks for certain day procedures. 27 Chronic Conditions plus an additional chronic disease list subject to a rand limit. Medication must be on the formulary list and obtained from a preferred provider. A mental health resource hub is only available on the flexiFED 4 option. Day-to day cover consists of savings and a Threshold Benefit. A 20% co-payment applies to all claims paid from the 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.				