

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	Primary - 2025	flexiFED 1 Bespoke Primary and Primary Select - 2025	flexiFED 2 Max Savings - 2025	flexiFED 1 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 Network Hospitals	Unlimited at any private hospital	Unlimited at Network Hospitals
Hospital Benefit				
1 Private Hospital Care	Private Hospital Network	Unlimited, at a network hospital. Fedhealth Nework 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 a network hospital. Fedhealth Nework 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	Chronic: 30% use of non-formulary drugs or use of non-DSP, Acute or over the counter medication: 20% use of non-DSP or non-formulary medication, 19 elective procedures and Endoscopies (R1 940, R4 930, R9 130), 20% for non-DSP for Kidney Dialysis treatment and Cancer Medication. MRI/CT Scan R2 240 co-payment per scan except for PMB. Oncology: 30% co-pay if non-DSP is used and 20% co-pay once oncology limit is reached.	R8 840 co-payment on voluntary use of non-network hospital. R2 630 co-payment on voluntary use of non-network day surgery facilities. Co-payments applicable to a defined list of procedures ranging from R5 440 to R10 070	Co- payments applicable to a defined list of procedures ranging from R5440 to R10070	R8 840 co-payment on voluntary use of non-network hospital. R2 630 co-payment on voluntary use of non-network day surgery facilities. Co-payments applicable to a defined list of procedures ranging from R5 440 to R10 070
3 Oncology	Unlimited for PMB. R224 100 p/f p/a at the DSP for non-PMB, pre-auth required, 20% co-pay for non-PMB treatment No cover at non-DSP once limit is reached. 30% Co-pay for use of non-DSP. Sublimit of R60 680 p/b for Brachytherapy. Oncology medication subject to formulary and DSP or 20% co-payment.	Unlimited at PMB level of care. Preferred provider ICON (Essential Protocol) Non-use of DSP for medication and consumables will result in a 25% co-payment.	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	Unlimited at PMB level of care. Preferred provider ICON (Essential Protocol) Non-use of DSP for medication and consumables will result in a 25% co-payment.
4 Organ Transplants	PMB only, subject to pre-auth, State protocols and DSP	Unlimited at cost at PMB level of care. No benefit for Corneal graft	Limited to R311 900 per annum	Unlimited at cost at PMB level of care. No benefit for Corneal graft
5 Dialysis	Unlimited, subject to pre-auth, State protocols and DSP or 20% co-payment	Unlimited at cost at PMB Level of care at DSP. A 40% co-payment applies where a DSP provider is not used.	Limited to R311 900 per annum up to the Fedhealth Rate at a DSP.	Unlimited at cost at PMB Level of care at DSP. A 40% co-payment applies where a DSP provider is not used.
6 Maternity - Natural Birth	Unlimited, subject to authorisation	Unlimited. Paid in full. Non-network GP's and specialists paid up to 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. 8 ante and postnatal consultations with a midwife, network GP or gynaecologist.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.
Elective Caesarean	Unlimited, subject to authorisation	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 7 day supply and up R470 per admission	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	Limited to R19 060 p/f p/a, Consultations limited to R12 230 p/f for in and out of hospital consultations at a DSP and included in Hospital limit. Physiotherapy excluded for all Mental Health admissions.	Unlimited at cost at PMB level of care	Limited to R26 400 per annum	Unlimited at cost at PMB level of care
Radiology/Pathology/Prosthesis				
1 Basic Radiology	Unlimited, at 100% of the scheme rate	Unlimited at Fedhealth Rate	Unlimited at Fedhealth Rate	Unlimited at Fedhealth Rate
2 MRI CT & PET Scans	Limited to R15 960 p/f p/a (in and out-of-hospital), subject to pre-auth co-payment of R2 240 per scan except for PMB	Unlimited at Fedhealth Rate. First R4 100 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 R4 100 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

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Benefits	Primary - 2025	flexiFED 1 Bespoke Primary and Primary Select - 2025	flexiFED 2 Max Savings - 2025	flexiFED 1 Max Savings - 2025
4 Internal Prosthesis	PMB only, managed care protocols apply	Unlimited at cost at PMB level of care	Unlimited at cost at PMB level of care	Unlimited at cost at PMB level of care
Sub Acute Facilities				
1 Hospice	R20 310 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 - Bonitas Chronic Medicine Courier Pharmacy Network must be used, if not a 30% co-payment will apply and 30% co-payment for use of non-formulary medication. Pre-authorisation is required.	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a DSP pharmacy.	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 DSP pharmacy.
Additional chronic conditions	Depression - R160 per beneficiary per month for Depression, subject to managed care protocols and the DSP.	No benefit	No benefit	No benefit
Day-to-day Benefit				
Overall Annual Maximum	M: R5 330, M1: R8 520, M2: R10 650, M3+: R11 720. Sub-limits apply per category. Supplementary benefits and 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: R324, AD: R240, C: R108 Annual Bespoke Savings: M: R5 004, M+1: R8 529, M+2: R10 008, M+2+: R11 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 Nominal Savings: PM: R324, AD: R240, C: R108 Annual Max Savings: M: R6 890, M+1: R12 280, M+2: R17 030, M+2+: R19 550
Annual Threshold	N/A	Threshold: M: R5 400, M+1: R8 600, M+2: R10 500, M+3: R12 500	Threshold: M: R6 200, M+1: R11 300, M+2: R12 800, M+3: R16 400	Threshold: M: R5 400, M+1: R8 600, M+2: R10 500, M+3: R12 500
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	Unlimited Network GP once your Benefit Threshold level has been reached. Basic preventative dental subject to DSP's and protocols.	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	Unlimited Network GP once your Benefit Threshold level has been reached. Basic preventative dental subject to DSP's and protocols.
GP's and medication				
1 General Practitioners	Combined Day to day GP Network and Specialists. Benefits subject to Overall Day to day limits. M: R2 240, M1: R3 920, M2: R5 040, M3+: R5 040. Benefit Booster: Additional GP consultations when GP and Specialist consultation sublimit is reached - 1 network GP consultation per family.	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. Up to 2 network GP consultations p/b for non-nominated GP's allowed OR 2 non-network GP consultations up to Fedhealth Rate. Non-network GP's paid from savings /wallet or self-funded. Accumulates at cost to threshold level.	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. Up to 2 network GP consultations p/b for non-nominated GP's allowed OR 2 non-network GP consultations up to Fedhealth Rate. Non-network GP's paid from savings /wallet or self-funded. Accumulates at cost to threshold level.

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Benefits	Primary - 2025	flexiFED 1 Bespoke Primary and Primary Select - 2025	flexiFED 2 Max Savings - 2025	flexiFED 1 Max Savings - 2025
2 Specialists	Combined limit with GP benefit. Subject to overall day-to-day limit - referral from GP required and Benefit Booster: Additional Specialist consultations when GP and Specialist consultation sublimit is reached - 1 network specialist consultation per family - referred by network GP	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	Combined Day to day Acute and Over the counter medicine benefit subject to Overall Day to day limits. Bonitas Network Pharmacy. Acute Medicine limits: M: R1 680, M1: R2 800, M2: R3 370, M3+: R3 370. 20% co-pay for use of non-DSP pharmacy and non-formulary medication and 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 OAL day-to-day limit, and Combined Acute medicine and Over the counter medicine benefit. Over the counter limited to R565 p/b and R2 240 p/f. Subject to formulary and Bonitas Pharmacy Network, a 20% co-payment for non-network or non-formulary use and 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	Combined X-ray and Blood test benefit subject to Overall Day to day limits. Limits: M: R2 240, M1: R2 800, M2: R3 370, M3+: R3 370 and 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	Combined with in-hospital, subject to pre-auth R15 960 p/f, R2 240 co-payment per scan except for PMB	Unlimited at Fedhealth Rate. First R4 100 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 R4 100 for non-PMB MRI/CT scans for the member's account
3 Out-Of-Hospital Pathology	Combined X-ray and Blood test benefit subject to Overall Day to day limits. Limits: M: R2 240, M1: R2 800, M2: R3 370, M3+: R3 370 and 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) DSP to be used	Paid from Savings or self-funded. Once Threshold level is reached, certain benefits paid from the Threshold Benefit.	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 is reached, certain benefits paid from the Threshold Benefit.
2 Specialised Dentistry	No 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.
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 once every 2 years - based on the date of last claim	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 Lenses	100% at network - PPN, or Single vision R215 per lens, Bifocal R460 per lens, Multifocal R860 per lens at out of network. Per beneficiary per annum	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 Frames	Limited to R635 p/b every 2 years, or R476 p/b non-DSP	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.

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Benefits	Primary - 2025	flexiFED 1 Bespoke Primary and Primary Select - 2025	flexiFED 2 Max Savings - 2025	flexiFED 1 Max Savings - 2025
4 Contact Lenses	R1 475 p/b	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.
Auxiliary Services				
1 Physiotherapy	Subject to overall day-to-day limit and separate Auxiliary services Benefit. Limits: M: R2 240, M1: R2 800, M2: R3 370, M3+: R3 370 and 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	R 12 230 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 registration required	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 (95 566)	Scheme - 62 859 (17 563)	Scheme - 62 859 (4 390)	Scheme - 62 859 (17 563)
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 (30.8); Pensioner % - 11% (5.2%)	Average age - 42.3 (33.3); Pensioner % - 19.10% (7.1%)	Average age - 42.3 (34.7); Pensioner % - 20.7% (11.2%)	Average age - 42.3 (33.3); Pensioner % - 19.10% (7.1%)
5 Solvency ratio	36.47%	43.39%	43.39%	43.39%
6 Past Scheme increases	2022 - 4.8%, 2023 - 5.9%, 2024 - 6.9%	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	Unlimited private hospital cover in a network Hospital. Cover in hospital for specialists up to 100% of the Bonitas rate. Cover for chronic medicine for 28 Chronic Disease List conditions. Day to day benefits. Maternity benefits and annual wellness screening and R3 800 for Benefit Booster. Cover for medical emergencies when travelling.	The FlexiFed 1 option is for young singles. Benefits include hospitalisation, oncology, chronic, maternity, mental health, preventative screening and a day-to-day benefit consisting of Savings, and 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.	The FlexiFed 1 option is for young singles. Benefits include hospitalisation, oncology, chronic, maternity, mental health, preventative screening and a day-to-day benefit consisting of Savings, and Threshold Benefit. Trauma treatment in a casualty ward.
High Level Description	In hospital cover in a network Hospital to 100% - medical scheme benefits with specific benefit limits for day to day benefits. 28 Chronic conditions. Maternity benefit paid from risk. Supplementary benefits that is paid from risk.	Unlimited at network hospitals. Co-payments apply for the voluntary use of non-network hospitals, non-use of day surgery networks for certain day procedures. 27 Chronic Conditions. Medication must be on the formulary list and obtained from a DSP. Day-to day cover consists of Fixed or Flexible 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.	Unlimited at network hospitals. Co-payments apply for the voluntary use of non-network hospitals, non-use of day surgery networks for certain day procedures. 27 Chronic Conditions. Medication must be on the formulary list and obtained from a DSP. Day-to day cover consists of Fixed or Flexible 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.				