

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	BonStart Plus - 2025	flexiFED SAVVY Max - 2025	flexiFED 1 Fixed Savings - 2025	myFED 10 731 to 15 147 - 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 PMB for network, Non -network limited to R2 500	Unlimited at Network Hospitals	Unlimited at Network Hospitals
Hospital Benefit				
1 Private Hospital Care	Network Hospitals	Unlimited for PMB level of care only at a network hospital. Fedhealth Network GP's and specialists are unlimited and paid in full. Non-network GP's, specialists combined limit of R2 500 per family per annum in and out of hospital	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 Fedhealth Network Hospitals. Non-network GP's and specialists are covered up to the Fedhealth Rate, limited to R2 500 per beneficiary per year.
2 Co-payment	R12 680 co-payment on non use of network hospital, Chronic: 30% use of non-formulary drugs or use of non-DSP, Chronic, Acute or over the counter medication: R3 040 procedural co-payments apply. R1 190 co payment per hospital admission except for PMB emergencies. R2 800 co-payment per MRI/CT scan except for PMB. 30% for non-DSP for Kidney Dialysis treatment. Cancer Treatment - 30% co-payment for non use of DSP and 20% for Cancer medication not received from DSP	R9 050 co-payment on voluntary use of non-network hospitals will apply	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	Unlimited at Fedhealth Network Hospitals. R15 470 co-payment on voluntary use of non-network hospitals will apply R2 630 co-payment on voluntary use of non-network day surgery facilities will apply R4 290 co-payment on voluntary use of non-network mental health facilities will apply
3 Oncology	PMB Only, subject to pre-auth - Use of DSP or a 30% co-payment for use on Non-DSP Cancer medication - Subject to formulary, DSP or 20% co-payment will apply	PMB level of care. Essential protocol , 40% co-payment applies where a DSP provider is not used. Non-use of DSP for medication and consumables will result in a 25% 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.	Covered up to PMB level of care at Designated Service Provider(ICON) and paid from Essential protocol. A 25% co-payment applies where a Designated Service Provider is not used. Chemotherapy, as well as medicine and consumables directly associated with the treatment of cancer, should be obtained from the Oncology Pharmacy Network and in accordance to the oncology Preferred Product List (PPL) –non-use of these will result in a 25% co-payment.
4 Organ Transplants	Unlimited for PMB Only, subject to pre-auth - Use of DSP or a 30% co-payment for use on Non-DSP	PMB level of care. No benefit for Corneal graft	Unlimited at cost at PMB level of care. No benefit for Corneal graft	Unlimited at Cost at PMB level of care.
5 Dialysis	PMB Only, subject to pre-auth - Use of DSP or a 30% co-payment for use on Non-DSP	Unlimited at cost at PMB level of care at DSP	Unlimited at cost at PMB Level of care at DSP. A 40% co-payment applies where a DSP provider is not used.	Unlimited at cost at PMB level of care at a designated service provider. A 40% co-payment applies for non-use of DSP.
6 Maternity - Natural Birth	Unlimited on the BonStart Hospital Network - R12 680 co-payment at non-network hospitals Neonatal Care of R55 080 per family except for PMB	Unlimited for network specialists and GP's. Non-Network covered up to the Fedhealth Rate limited to combined benefit of R2 500 per family per year.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.	Unlimited at cost at PMB level of care.
Elective Caesarean	No benefit - Emergency approved C-sections only	Subject to PMB level of care. Elective non-PMB caesarean sections subject to a R9 050 co-payment.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate	Elective Caesarean sections subject to a R15 470 co-payment
7 To take home medication	Limited to 7-day supply up to R465 per hospital admission	7 days of take home meds when discharged from hospital	7 days of take-home medicine when discharged from hospital.	Limited to 7 days supply per event
8 Psychiatric Hospitalisation	PMB only - DSP. No cover for physiotherapy for mental health admissions R12 680 for use of non-PMB	Unlimited at cost at PMB level of care	Unlimited at cost at PMB level of care	No benefit, unless 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
2 MRI CT & PET Scans	Limited to R19 130 p/f p/a, subject to pre-auth, co payment of R2 240 per scan except for PMB	Unlimited at PMB level of care	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/CT scans for the member's account.	Limited to R15 030 per family subject to pre-authorization payable from risk

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3 Pathology	Unlimited, covered at 100% of the Bonitas Rate	Unlimited at Fedhealth Rate	Unlimited at Fedhealth Rate	Unlimited
4 Internal Prosthesis	R19 130 p/f - No benefit for joint replacement unless PMB. DSP required and pre-authorisation required	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 090 p/f auth required and managed care protocols apply. Unlimited Palliative care cancer only.	No benefit unless PMB level of care	Limited to R34 500	Partnered with Alignd for palliative care treatment
2 Nursing	Combined with Hospice benefit	No benefit unless PMB level of care	Unlimited at negotiated tariff.	Cost at PMB level of care
3 Ambulance Services	Unlimited - Europ Assistance	Unlimited with Europe Assist	Europ Assistance	Unlimited with Europ Assistance
Chronic Benefit				
27 CDL chronic conditions	Unlimited - Pharmacy Direct 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 pharmacy, 25% co-pay for use of non-DSP	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. and must be obtained from any 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	Stated benefits and Benefit Booster of R1 160 p/f	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk.	Subject to available Savings, and Threshold. The Threshold benefit pays for limited day-to-day expenses once claims have accumulated to the Threshold level.	Individual limits per service category
Preferred Provider	Yes - Bonitas GP Network	Fedhealth Network GP's and Specialists	Fedhealth Network GP's and specialists	myFED contracted GP's. ISO Leso Network optometrists. contracted list of dentists, prescribed medication unlimited at dispensing contracted GP's
Medical Savings Account	N/A	Annual Max Savings: M: R6 310, M+1: R6 310, M+2: R6 310, M+2+: R6 310	Annual Nominal Savings: PM: R324, AD: R240, C: R108 Annual Fixed Savings: M: R3 940, M+1: R5 910, M+2: R7 210, M+2+: R9 180	N/A
Annual Threshold	N/A	None	Threshold: M: R5 400, M+1: R8 600, M+2: R10 500, M+3: R12 500	N/A
Self Payment Gap	N/A	None	Self-payment gap will vary depending on the Savings allocation	N/A
Above Threshold Benefit	N/A	None	Unlimited Network GP once your Benefit Threshold level has been reached. Basic preventative dental subject to DSP's and protocols.	N/A
GP's and medication				
1 General Practitioners	Unlimited virtual GP and Nurse consultations. Unlimited GP consultations. Authorisation required after 10th visit, R70 co-payment per visit - (face-to-face). 2 non-network consultations for emergencies p/f. And Benefit Booster	Unlimited virtual consultations and 3 face-to-face consultations per beneficiary paid from Risk. 2 non-network visits subject to 3 face-to-face limit.	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.	Unlimited at nominated myFED contracted GP, subject to protocols and utilisation monitoring after 10 visits per beneficiary per year. Each beneficiary can nominate up to 2 myFED contracted GPs. Limited to two mental health consultations per beneficiary per year. Up to 2 myFED contracted GP consultations per beneficiary for non-nominated GPs allowed per year (referred to as out-of-area)

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2 Specialists	2 consultations p/f up to R2 380p/a - subject to R125 co-payment per visit - GP referral required. Includes acute medicine, basic radiology, specialized radiology and blood tests. And Benefit Booster.	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	2 specialist consultations and treatment up to R2 150 per family per year. Must be referred by contracted GP. If a referral is not obtained, a 40% co-payment will apply
3 Prescribed Medication	Combined limit with Radiology and Pathology of R3 320 p/f - 20% co-payment will apply per script. You must use a Bonitas Pharmacy Network or a 40% co-payment will apply. Subject to medicine formulary. And Benefit Booster.	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Unlimited if dispensed by Network GP. Subject to an Acute formulary for all non-dispensing medical practitioners
4 Pharmacy Advised Medicine	Limited to R165 per event, Maximum of R785 p/f, per year, formulary and Bonitas Pharmacy Network. A 20% co-payment for non-network use. And Benefit Booster. Have to complete wellness screening.	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	No benefit
Radiology & Pathology				
1 Out-Of-Hospital Basic Radiology	Combined limit of R3 320 p/f for acute medication, radiology and pathology and Benefit Booster	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner.
2 MRI CT & PET Scans	PMB only according to protocols	Paid from Fedhealth Savings unless PMB level of care	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/CT scans for the member's account	No Benefit
3 Out-Of-Hospital Pathology	Combined limit of R3 320 p/f for acute medication, radiology and pathology and Benefit Booster	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner.
Dental Benefit				
1 Conservative Dentistry	1 check-up per beneficiary subject to a R70 co-payment. Managed care protocols apply. 1 Annual scale and polish treatment p/b. Fissure sealants covered for children under 16 years. Limited to 1 per tooth every 3 years. Fluoride treatments are covered for children aged 5 to 16. limited to 1 treatment per year	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Once Threshold level is reached, certain benefits paid from the Threshold Benefit.	Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols. Plastic dentures limited to one set per beneficiary every two years.
2 Specialised Dentistry	No benefit	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	No benefit
Optical Benefit				
1 Examination	DSP - PPN, 1 eye test p/b subject to a R110 co-payment. Limited to R 400 at non-network provider	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from ISO Leso Network Optometrists. One consultation per member every 2 years
2 Lenses	No benefit	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	One pair of single vision clear lenses or 1 pair of bifocal lenses every two years.
3 Frames	No benefit	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Available every two years. Paid from ISO Leso Network Optometrists. Frame to the value of R230 or R230 off any other frame.
4 Contact Lenses	No benefit	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	No benefit
Auxiliary Services				

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1 Physiotherapy	4 Visits p/b for sports-related injuries, GP/specialist referral and subject to R 70 co-pay or Benefit Booster	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	No benefit
2 Psychiatry	PMB only at DSP	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Part of In-hospital Psychiatry benefit
3 Psychology	PMB only at DSP	Paid from Fedhealth Savings unless PMB level of care	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	No benefit
HIV/AIDS	Unlimited if registered on the HIV/AIDS programme. Chronic medicine must be obtained from the DSP	Unlimited. Aid for AIDS Management Programme	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 (1 918)	Scheme - 62 859 (New Option)	Scheme - 62 859 (17 563)	Scheme - 62 859 (3 062)
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 (27.9); Pensioner % - 11% (1.9%)	Average age - 42.3 (); Pensioner % - 20.7% (%)	Average age - 42.3 (33.3); Pensioner % - 19.10% (7.1%)	Average age - 42.3 (42.5); Pensioner % - 20.7% (22.2%)
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	The BonStart Plus Plan offers unlimited network hospital cover. Cover in hospital for specialists up to 100% of the Bonitas rate. Cover for chronic medicine for 28 Chronic Disease List conditions. GP benefits on Bonitas network. Cover for emergency medical treatment when travelling. Maternity benefits and annual wellness screening. Benefit Booster	The flexiFed SAVVY option is for or the digitally savvy younger generation. Benefits include hospitalization at PMB level of care, chronic, maternity, mental health, preventative screening and a day-to-day benefit with limited benefits. Savings are optional. 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.	myFED is an affordable, entry-level medical aid option that looks after the health of lower-income employees. Benefits include a free flu vaccine per year, unlimited visits at a contracted nominated GP, as well as the free Fedhealth myFED Baby Programme. Trauma treatment in a casualty ward.
High Level Description	In hospital cover to 100% in network hospital - 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 PMB cover only at network hospitals. 27 Chronic Conditions. Medication must be on the formulary list and obtained from a DSP. Day-to day benefits limited to 3 GP consultations and virtual mental health care benefits. Savings are optional	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.	In-hospital cover at the Fedhealth Rate (100%). No overall annual limit for hospitalisation at network hospitals. 27 Chronic conditions are covered, medication on the formulary list is covered in full and must be obtained at a DSP. myFed offers comprehensive day-to-day cover and members must use healthcare professionals who are part of the myFED network. Any additional treatment required must be referred by a myFED network doctor. Access to the screening Benefit for lifestyle screenings, wellness screenings and physical screenings.
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.				