

Medical Scheme Name	BONITAS	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
Benefits	BonCap - 2025	Santam myFED - 2025	flexiFED 1 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.
Overall Annual Maximum	Unlimited	Unlimited at Network Hospitals	Unlimited at Network Hospitals
Hospital Benefit			
1 Private Hospital Care	Network Hospitals	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.	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.
2 Co-payment	30% co-pay for non-network hospitals and/or non-pre auth / or non-network medical professionals and specialists. Chronic: 30% use of non-formulary drugs or use of non-DSP, 30% use of non-network GP, 20% for use of non-DSP for Renal Dialysis , 20% co-payment for non-DSP use for Cancer Medicine and another 20% if authorization is obtained after the treatment	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	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	Limited to PMB conditions at a DSP or 30% co-payment applies, Pre-authorisation required. Cancer medication subject to the preferred product list and must use the DSP to avoid 20% 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.	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	Limited to PMB conditions at a DSP and subject to pre-auth	Unlimited at Cost at PMB level of care.	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 a designated service provider. A 40% co-payment applies for non-use of 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	PMB Unlimited, DSP, Neonatal Care limited to R55 710 p/f except for PMB	Unlimited at cost at PMB level of care.	Unlimited. Paid in full. Non-network GP's and specialists paid up to the Fedhealth Rate.
Elective Caesarean	Not covered, unless an emergency	Elective Caesarean sections subject to a R15 470 co-	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 R470 per admission	Limited to 7 days supply per event	7 days of take-home medicine when discharged from hospital.

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8 Psychiatric Hospitalisation	Limited to PMB's only at a DSP or a 30% co-payment will apply, Physiotherapy excluded for all Mental Health admissions	No benefit, unless PMB level of care	Unlimited at cost at PMB level of care
Radiology/Pathology/Prosthesis			
1 Basic Radiology	Unlimited, paid at 100% of BonCap Rate	Unlimited	Unlimited at Fedhealth Rate
2 MRI CT & PET Scans	Limited to R14 250 p/f/p/a, Pre-authorisation required, R1 230 co-payment per scan except for PMB	Limited to R15 030 per family subject to pre-authorization payable from risk	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/CT scans for the member's account.
3 Pathology	Limited to R31 230 p/f/p/a except for PMB	Unlimited	Unlimited at Fedhealth Rate
4 Internal Prosthesis	Limited to PMB conditions only, subject to pre-auth, protocols and preferred supplier. Surgical Procedure exclusions: All costs for services rendered in respect of back and neck surgery, joint replacement surgery, are excluded, unless PMB.	Unlimited at cost at PMB level of care	Unlimited at cost at PMB level of care
Sub Acute Facilities			
1 Hospice	R17 550 p/f p/a. Unlimited Palliative care at DSP cancer only, pre-auth required	Partnered with Alignd for palliative care treatment	Limited to R34 500
2 Nursing	Included in Hospice. Pre-authorisation required	Cost at PMB level of care	Unlimited at negotiated tariff.
3 Ambulance Services	Unlimited - Europ Assistance	Unlimited with Europ Assistance	Europ Assistance
Chronic Benefit			
27 CDL chronic conditions	Unlimited - Use Bonitas Chronic Medicine Courier Pharmacy Network. If Bonitas Chronic Medicine Courier Pharmacy Network not chosen a 30% co-payment will apply. BonCap formulary must be used, if not a 30% co-payment for use of non-formulary medication	Unlimited cover for conditions on the Chronic Disease List. and must be obtained from any pharmacy	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a DSP pharmacy.
Additional chronic conditions	per beneficiary per month for Depression, subject to managed care protocols and the DSP	No benefit	No benefit
Day-to-day Benefit			

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Overall Annual Maximum	Limited day-to-day benefits with individual limits per service category, plus Supplementary benefits	Individual limits per service category	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 - BonCap network GP	myFED contracted GP's. ISO Leso Network optometrists. contracted list of dentists, prescribed medication unlimited at dispensing contracted GP's	Fedhealth Network GP's and specialists
Medical Savings Account	N/A	N/A	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
Annual Threshold	N/A	N/A	Threshold: M: R5 400, M+1: R8 600, M+2: R10 500, M+3: R12 500
Self Payment Gap	N/A	N/A	Self-payment gap will vary depending on the Savings allocation
Above Threshold Benefit	N/A	N/A	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	Unlimited consultations, using a maximum of 2 nominated network GP's/Registered Nurse. Authorization required after 8th visit p/b. 1 out-of-network consult p/b, maximum 2 p/f, limited to R400 per visit with a 30% co-pay unless PMB. Includes Virtual Care Consultations.	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)	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.
2 Specialists	Network Specialists. Limited to 3 visits or R3 900 p/b, max of 5 visits or R5 800 p/f. Network GP referral, pre-auth required. Limit includes acute medications, blood tests, X-rays and MRI & CT scans - 20% co-payment applies at non-DSP.	2 specialist consultations and treatment up to R2 000 per family per year. Must be referred by contracted GP. If a referral is not obtained, a 40% co-payment will apply	Paid from Savings or self-funded. Accumulates at cost to Threshold level.

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3 Prescribed Medication	Combined limit: GP referred acute medicine, X-rays and blood tests: M: R2 300, M1: R3 840, M2: R4 600, M3: R5 020, M4+: R5 570, Subject to BonCap formulary, Bonitas Pharmacy Network and Pathology network. For acute medicine and blood tests: a 20% co-payment applies at non-DSP.	Unlimited if dispensed by Network GP. Subject to an Acute formulary for all non-dispensing medical practitioners	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
4 Pharmacy Advised Medicine	R115 per event, limited to R330 p/b p/a, Subject to BonCap formulary and Bonitas Pharmacy Network	No benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
Radiology & Pathology			
1 Out-Of-Hospital Basic Radiology	Combined limit: GP referred acute medicine, X-rays and blood tests: M: R2 300, M1: R3 840, M2: R4 600, M3: R5 020, M4+: R5 570, Subject to BonCap formulary, Bonitas Pharmacy Network and Pathology network. For acute medicine and blood tests: a 20% co-payment applies at non-DSP.	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
2 MRI CT & PET Scans	Combined limit as part of Specialist limit and as part of specialist referred acute medicine, X-rays, blood tests, MRI, CT scans.	No Benefit	Unlimited at Fedhealth Rate. First R4 100 for non-PMB MRI/CT scans for the member's account
3 Out-Of-Hospital Pathology	Combined limit: GP referred acute medicine, X-rays and blood tests: M: R2 300, M1: R3 840, M2: R4 600, M3: R5 020, M4+: R5 570, Subject to BonCap formulary, Bonitas Pharmacy Network and Pathology network. For acute medicine and blood tests: a 20% co-payment applies at non-DSP.	Unlimited subject to basic protocols and limited list of tests and procedures. Must be referred by contracted medical practitioner.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
Dental Benefit			
1 Conservative Dentistry	Subject to Bonitas protocols and sub limits and covered at the Bonitas Dental Tariff (BDT) and use of DSP - DENIS Network providers. 20% co-payment on plastic dentures for beneficiaries 21 years and older. Subject to pre-auth to avoid addition 20% co-payment. (Once every 2 years based on the date of your previous claim)	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.	Paid from Savings or self-funded. Once Threshold level is reached, certain benefits paid from the Threshold Benefit.
2 Specialised Dentistry	No benefit	No benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
Optical Benefit			

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1 Examination	DSP only, protocols apply, 1 test p/b or R400 p/b at non-network provider	Paid from ISO Leso Network Optometrists. One consultation per member every 2 years	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
2 Lenses	DSP only, protocols apply, 100% at DSP or Single vision R215 per lens, Bifocal R460 per lens or Multifocal R860 per lens in and out of network . (Once every 2 years, based on the date of your previous claim)	One pair of single vision clear lenses or 1 pair of bifocal lenses every two years.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
3 Frames	R275 p/b at DSP or R206 p/b at non-network provider (Once every 2 years based on the date of your previous claim)	Available every two years. Paid from ISO Leso Network Optometrists. Frame to the value of R230 or R230 off any other frame.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
4 Contact Lenses	R1 295 p/b	No benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
Auxiliary Services			
1 Physiotherapy	PMB's only	No benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
2 Psychiatry	PMB's only , Subject to BonCap network	Part of In-hospital Psychiatry benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
3 Psychology	PMB's only , Subject to BonCap network	No benefit	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 registration required	Unlimited. Aid for Aids Management Program.
Financial and Demographic			
1 Date of information	2024-10-03	2023-11-01	2023-11-01
2 Principal Members	Scheme - 353 763 (56 823)	Scheme - 62 859 (3 062)	Scheme - 62 859 (17 563)
3 Administrator	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd
4 Scheme (Option) age profile	Average age - 35.5 (35.7); Pensioner % - 11% (8.6%)	Average age - 42.3 (42.5); Pensioner % - 20.7% (22.2%)	Average age - 42.3 (33.3); Pensioner % - 19.10% (7.1%)
5 Solvency ratio	41.3%	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%	2022 - 5.5%, 2023 - 8.8%, 2024 - 10.8%, 2025 - 12.4%

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Descriptions			
Plan Description	The BonCap Plan offers unlimited private hospital cover in the BonCap Network of hospitals. Specialists in the Bonitas network covered up to 100% of the Bonitas rate. Cover as per formulary for chronic medicine for 27 Chronic Disease List conditions Plus Depression. Unlimited cover for Network GPs, with limited benefit for acute medicine, blood tests and x-rays.	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.	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 at 100% scheme tariff. Network providers with limited day to day benefits. 27 Chronic conditions. Supplementary benefits that is paid from risk.	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.	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.			