

Medical Scheme Name	BONITAS	FEDHEALTH - SANTAM	FEDHEALTH - SANTAM	FEDHEALTH - SANTAM
<b>IMPORTANT:</b> 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 - 2025	flexiFED 3 Bespoke Savings Standard - 2025	flexiFED 4 Max Savings - 2025	flexiFED 3 GRID Bespoke Savings Standard Select - 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 at any private hospital	Unlimited at a network hospital
Hospital Benefit				
1 Private Hospital Care	Private Hospital	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.	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	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 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 and no cover at non-DSP after limit is reached	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 R5,000 to R 33,490	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
3 Oncology	Unlimited for PMB's. Limited to R280 100 p/f p/a at the DSP for non-PMB's, 20% co-pay for treatment once limited is reached. Pre-auth required, Sublimit of R60 680 p/b for Brachytherapy. Sublimit of R157 800 can be used for specialized drugs (including biological drugs)	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 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	Oncology is covered up to R350 000 per family per annum. Preferred ICON and subject to tier 1 Primary level of care.
4 Organ Transplants	Unlimited, subject to pre-auth and State protocols, Sublimit of R41 070 p/b for Corneal grafts	Limited to R311 900 per annum	Limited to R499 100 per annum. Corneal Grafts are limited to R36 300 per beneficiary per annum	Limited to R311 900 per annum
5 Dialysis	Unlimited, subject to pre-auth and State protocols, DSP or 20% co-payment	Limited to R311 900 up to the Fedhealth Rate at a DSP	Limited to R499 100 per annum up to the Fedhealth Rate at a DSP	Limited to R311 900 up to the Fedhealth Rate at a DSP
6 Maternity - Natural Birth	Unlimited, subject to authorisation	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. Private ward cover (when available).
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 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 R28 000 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.
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 R 5 500 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.

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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.	Limited to R65 500 per annum
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 - Bonitas Pharmacy Network or 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 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. Medication to be obtained from a DSP.
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 Bonitas Pharmacy Network to be used, if not a 30% co-payment will apply	An additional list of conditions, subject to a R3 200 limit per family.	Subject to a limit of R6 300 per beneficiary, and R12 600 per family per annum. Thereafter unlimited cover for conditions on the CDL.	An additional list of conditions, subject to a R3200 limit per family per annum.
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. A 20% co-payment applies to all claims paid from the Threshold Benefit.	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: 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: R312, C: R108 Annual Max Savings: M: R15 800, M+1: R30 210, M+2: R34 970, M+2+: R39 720	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 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 21,200 , M+1: R 36,800, M+2:R 41,700 , M+3: RR 46,600	Threshold: M: R 7,900 , M+1:R 13,700 , M+2: R 15,600 , M+3:R 18,400
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.	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.	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.

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GP's and medication				
1 General Practitioners	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 GP & 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.	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.	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. 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 GP & Specialist consultations day to day sublimit is reached - 2 network specialists 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. 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.	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. 20% co-pay for non-network pharmacy and or use of non-formulary medication	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	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.	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. Does not accumulate or pay from Threshold.	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 and Threshold. Unlimited once Threshold is reached.	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 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 R5,000 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 and Threshold. Unlimited once Threshold is reached.	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, this benefit is unlimited.	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 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. Accumulates at cost to Threshold level.
Optical Benefit				

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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 Savings or self-funded. Accumulates at cost to Threshold level.	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.	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
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 Savings or self-funded. Accumulates at cost to Threshold level.	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.	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
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 Savings or self-funded. Accumulates at cost to Threshold level.	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.	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
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 Savings or self-funded. Accumulates at cost to Threshold level.	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.	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
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. Does not accumulate to Threshold. Paid from Threshold up to the Additional Medical Services limit of R12 900 per family per year.	Paid from Savings or self-funded. Accumulates at cost to Threshold level..
2 Psychiatry	R 20 310 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. 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.	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. 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.	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 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 (104 874)	Scheme - 62 859 (9 696)	Scheme - 62 859 (11 591)	Scheme - 62 859 (2 321)
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 (39); Pensioner % - 11% (15.4%)	Average age - 42.3 (48.5); Pensioner % - 19.10% (20.7%)	Average age - 42.3 (51.8); Pensioner % - 20.7% (32%)	Average age - 42.3 (47.9); Pensioner % - 20.7% (30.9%)
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%

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Benefits	Standard - 2025	flexiFED 3 Bespoke Savings Standard - 2025	flexiFED 4 Max Savings - 2025	flexiFED 3 GRID Bespoke Savings Standard Select - 2025
Contribution				
Descriptions				
Plan Description	Offers unlimited private hospital cover. Cover in hospital for 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 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 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.	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.
High Level Description	In hospital cover to 100% of the Bonitas rate - 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 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 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	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.
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.				