

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	BonFit Select - 2025	flexiFED 1 Fixed Savings - 2025	flexiFED 2 GRID 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 at Network Hospitals	Unlimited at a network hospital	Unlimited at Network Hospitals
Hospital Benefit				
1 Private Hospital Care	Network Hospitals	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 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	30 % co-payment non-DSP hospital, 30% use of non-formulary drugs or use of non-DSP for Chronic Medication, 19 elective procedures and Endoscopies (R1 940, R4 930, R9 130), 20% use of non-DSP for Dialysis, Oncology medication: 20% for non-network or non-formulary meds. Oncology - 30% for use of non-DSP, 20% co-pay for treatment once limited 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	A R15 470 co-payment on the use of non-network hospitals. A R2 500 co-payment on the 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	Unlimited for PMB's, non PMB's limited to R224 100 p/f p/a at the DSP, once limited reached, 20% co-pay for continues treatment. 30% co-pay for use of non-DSP. Pre-auth required, Sublimit of R60 680 p/b for Brachytherapy.	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 annum. Preferred ICON subject to tier 1 Primary level of care. 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 PMB only for Corneal grafts, subject to pre-auth	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.
5 Dialysis	Unlimited, subject to pre-auth, 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 a designated service provider. A 40% co-payment applies for non-use of DSP.
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.	Unlimited at cost at PMB level of care.
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.	Elective Caesarean sections subject to a R15 470 co-payment
7 To take home medication	Limited to 7 days supply up to R500 per hospital stay	7 days of take-home medicine when discharged from hospital.	7 days of take-home medicine when discharged from hospital.	Limited to 7 days supply per event
8 Psychiatric Hospitalisation	Limited to R41 190 p/f p/a, in hospital consultations at a DSP. Out of hospital consultation visits PMB only. Physiotherapy excluded for all Mental Health admissions. PMB consultations (in and out of hospital) included.	Unlimited at cost at PMB level of care	Limited to R26 400 per annum	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	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	Limited to R15 030 per family subject to pre-authorization payable from risk
3 Pathology	Unlimited, at 100% of the scheme rate	Unlimited at Fedhealth Rate	Unlimited at Fedhealth Rate	Unlimited

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4 Internal Prosthesis	PMB conditions only, subject to pre-auth and DSP. Surgical Procedure exclusions: All costs for services rendered in respect of back and neck surgery are excluded, unless PMB.	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	R21 570 p/f, Unlimited Palliative care cancer only subject to DSP	Limited to R34 500	Limited to R34 500	Partnered with Alignrd for palliative care treatment
2 Nursing	Combined with Hospice benefit	Unlimited at negotiated tariff.	Unlimited at negotiated tariff.	Cost at PMB level of care
3 Ambulance Services	Unlimited - Europ Assistance	Europ Assistance	Europ Assistance	Unlimited with Europ Assistance
Chronic Benefit				
27 CDL chronic conditions	Unlimited - Pharmacy Direct, 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.	Unlimited cover for conditions on the Chronic Disease List. Medication to be obtained from a DSP.	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	Available Savings and additional Scheme/Risk Benefits for basic Dentistry & 1 - 2 GP consultations after savings + Supplementary Benefits + R1 440 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.	Individual limits per service category
Preferred Provider	Yes - Network Specialists	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	15% - PM: R4 536, AD: R3 396 C: R1 524	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 Nominal Savings: PM: R312, AD: R264, C: R84 Annual Fixed Savings: M: R5 240, M+1: R7 880, M+2: R12 450, M+2+: R16 390	N/A
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	N/A
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	N/A
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.	N/A
GP's and medication				

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1 General Practitioners	Subject to available Savings or Benefit Booster. Additional GP Consultations once savings is depleted - maximum 2 limited to 1 p/b	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.	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)
2 Specialists	Subject to available Savings, GP referral and the Specialist Network and Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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	Subject to available Savings or Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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	Subject to available Savings or Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	No benefit
Radiology & Pathology				
1 Out-Of-Hospital Basic Radiology	Subject to available Savings or Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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	Paid from Available Savings Pre-authorization required	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.	No Benefit
3 Out-Of-Hospital Pathology	Subject to available Savings or Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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	Preventative dentistry at Scheme Dental Tariff	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.	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	Subject to available Savings	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	No benefit
Optical Benefit				
1 Examination	Subject to savings - 1 consultation per beneficiary at a network provider or R 400 beneficiary for an eye examination at a non network provider	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	Paid from ISO Leso Network Optometrists. One consultation per member every 2 years
2 Lenses	Subject to available Savings - capped for Single vision lenses R215 per lens p/b, Bifocal lenses R460 per lens p/b or Multifocal lenses R860 per lens p/b at non-network provider	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	One pair of single vision clear lenses or 1 pair of bifocal lenses every two years.
3 Frames	Subject to available Savings	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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.

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4 Contact Lenses	Subject to available Savings	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	No benefit
Auxiliary Services				
1 Physiotherapy	Subject to available Savings or Benefit Booster	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	No benefit
2 Psychiatry	PMB consultations only, included in the Psychiatric Hospitalisation benefit	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. Accumulates at cost to Threshold Level.	Part of In-hospital Psychiatry benefit
3 Psychology	Subject to available Savings	Paid from Savings or self-funded. Accumulates at cost to Threshold level.	Paid from Savings or self-fund. 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 Program.	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 (10 260)	Scheme - 62 859 (17 563)	Scheme - 62 859 (4 161)	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 (29.2); Pensioner % - 11% (4.6%)	Average age - 42.3 (33.3); Pensioner % - 19.10% (7.1%)	Average age - 42.3 (39.3); Pensioner % - 20.7% (16.5%)	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 Plan offers unlimited private hospital cover in network of private hospitals. Cover in hospital for specialists up to 100% of the Bonitas rate. Cover for chronic medicine for 28 Chronic conditions. Maternity benefits and annual wellness screening and R1 440 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 Grid option is for family start-ups. Benefits include unlimited hospitalisation on the network, Chronic medication, 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.	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 - 15% savings account 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 a network hospital. 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 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.

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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.				