| Medical Scheme Name   | BONITAS   | FEDHEALTH - SANTAM  | FEDHEALTH - SANTAM   | FEDHEALTH - SANTAM  |
|---|---|---|--|---|
| IMPORTANT: Bonitas Medical Fund will no longer be an employer reflects solely for the purpose to compare available benefits and |   | SIMILAR OPTION  | BUY UP OPTION  | BUY DOWN OPTION   |
| Benefits  | Hospital Standard - 2025  | Santam flexiFED 2 GRID - 2025   | flexiFED 2 GRID Fixed Savings - 2025   | Santam flexiFED 1 - 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 a network hospital   | Unlimited at a network hospital  | Unlimited at Network Hospitals  |
| Hospital Benefit  |   |   |  |   |
| 1 Private Hospital Care   | Unlimited - Network Private Hospital  | Unlimited, at any private hospital. Fedhealth Network GP's and specialists are unlimited and paid in full. Nonnetwork 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. Nonnetwork 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. Nonnetwork GP's, specialists and other healthcare professionals are paid up to the Fedhealth Rate.                  |
| 2 Co-payment  | 30% co-payment for non-DSP hospital. 30% use of non-formulary chronic drugs or use of non-DSP, 19 elective procedures and Endoscopies (R1 940, R4 930, R9 130), 20% for non-DSP for Kidney Dialysis treatment. R 2 720 for non-use of Day surgery Network, Oncology medication: 20% for non-network or non-formulary meds. MRI/CT-Scans R2 800 co-payment per scan except for PMB | 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. Co-payments applicable to a defined list of procedures ranging from R5 730 to R10 600 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 | 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 730 to R10 600 |
| 3 Oncology  | Unlimited for PMB and 30% co-pay for non-DSP. R168 100 for non-PMBs p/f p/a at the DSP, Pre-auth required. Once limit is reached, no cover at a non-DSP. Sublimit of R60 680 p/b for Brachytherapy  | Oncology is covered up to R311 900 per family per annum.<br>Preferred ICON subject to tier 1 Primary level of care.<br>Non-use of DSP for medication and consumables will<br>result in a 25% co-payment.  | Oncology is covered up to R311 900 per family per annum.<br>Preferred ICON subject to tier 1 Primary level of care.<br>Non-use of DSP for medication and consumables will<br>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   | Unlimited, subject to pre-auth and DSP. Sublimit of R38 670 p/b for corneal grafts  | Limited to R311 900 per annum.  | 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. 20% co-pay for non-DSP use  | Limited to R311 900 per annum up to the Fedhealth Rate at a DSP.  | 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   | 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.  | 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. 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 a 7-day supply up to R575 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   | Limited to R38 780 p/f p/a, in hospital consultations at a DSP. 30% co-pay for use of non-DSP. Physiotherapy excluded for all Mental Health admissions.   | Limited to R26 400 per annum  | 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 Bonitas rate  | Unlimited at Fedhealth Rate   | Unlimited at Fedhealth Rate  | Unlimited at Fedhealth Rate   |
| 2 MRI CT & PET Scans  | Limited to R32 040 p/f p/a (in and out-of-hospital), subject to pre-auth. R2 800 co-payment per scan event except for PMB   | Unlimited at Fedhealth Rate. First R2 960 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. Oncology PET/CT network DSP or R5 500 co-payment non-DSP   |
| 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 R54 270 p/f p/a, No benefit for joint replacement or back and neck surgery unless PMB. Subject to pre-auth & DSP apply. 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  |

| Medical Scheme Name           | BONITAS   | FEDHEALTH - SANTAM  | FEDHEALTH - SANTAM  | FEDHEALTH - SANTAM  |
|-------------------------------|---|---|---|---|
|                               |   |   |   |   |
| Benefits                      | Hospital Standard - 2025  | Santam flexiFED 2 GRID - 2025   | flexiFED 2 GRID Fixed Savings - 2025  | Santam flexiFED 1 - 2025  |
|                               |   |   |   |   |
| Sub Acute Facilities          |   |   |   |   |
| 1 Hospice                     | R20 310 p/f, Unlimited, subject to DSP. Palliative care cancer only.  | 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 - Pharmacy Direct must be used, or a 30% co-<br>payment will apply for use of a non-DSP and 30% co-<br>payment for use of non-formulary medication. | Unlimited cover for conditions on the Chronic Disease<br>List. Medication to be obtained from a DSP.  | Unlimited cover for conditions on the Chronic Disease<br>List. Medication to be obtained from a DSP.  | Unlimited cover for conditions on the Chronic Disease<br>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        | No day-to-day limits. Members have access to Managed<br>Care program  | 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            | Any   | 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: R312, AD: R264, C: R84  | Annual Nominal Savings: PM: R312, AD: R264, C: R84<br>Annual Fixed Savings: M: R5 240, M+1: R7 880, M+2: R12<br>450, M+2+: R16 390  | Annual Nominal Savings: PM: R324, AD: R240, C: R108   |
| Annual Threshold              | N/A   | Threshold: M: R6 200, M+1: R11 300, M+2: R12 800, M+3: R16 400  | 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   | 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. | 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       | No Benefit  | 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.      | 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                 | No Benefit  | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 3 Prescribed Medication       | No Benefit  | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |

| Medical Scheme Name               | BONITAS  | FEDHEALTH - SANTAM  | FEDHEALTH - SANTAM  | FEDHEALTH - SANTAM  |
|-----------------------------------|--|---|---|---|
|                                   |  |   |   |   |
| Benefits                          | Hospital Standard - 2025   | Santam flexiFED 2 GRID - 2025   | flexiFED 2 GRID Fixed Savings - 2025  | Santam flexiFED 1 - 2025  |
|                                   |  |   |   |   |
| 4 Pharmacy Advised Medicine       | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. 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 | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 2 MRI CT & PET Scans              | Limited to R32 040 p/f p/a (Combined in and out-of-hospital), subject to Pre-authorisation.          | Unlimited at Fedhealth Rate. First R2 960 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, Oncology PET/CT network DSP or R5 500 co-payment non-DSP |
| 3 Out-Of-Hospital Pathology       | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| Dental Benefit                    |  |   |   |   |
| 1 Conservative Dentistry          | No 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 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-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| Optical Benefit                   |  |   |   |   |
| 1 Examination                     | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 2 Lenses                          | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 3 Frames                          | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 4 Contact Lenses                  | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| Auxiliary Services                |  |   |   |   |
| 1 Physiotherapy                   | No Benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 2 Psychiatry                      | No benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-funded. Accumulates at cost to Threshold level.   |
| 3 Psychology                      | No benefit   | Paid from Savings or self-fund. Accumulates at cost to Threshold Level.   | Paid from Savings or self-fund. 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.<br>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             | 2024-10-03   | 2023-11-01  | 2023-11-01  | 2023-11-01  |

| Benefits   | Hospital Standard - 2025   | Santam flexiFED 2 GRID - 2025  | flexiFED 2 GRID Fixed Savings - 2025   | Santam flexiFED 1 - 2025  |
|--|--|--|--|---|
|  |  |  |  |   |
| 2 Principal Members  | Scheme - 353 763 (4 398)   | Scheme - 62 859 (4 161)  | Scheme - 62 859 (4 161)  | 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 (49.1); Pensioner % - 11% (28.9%)   | Average age - 42.3 (39.3); Pensioner % - 20.7% (16.5%)   | Average age - 42.3 (39.3); Pensioner % - 20.7% (16.5%)   | 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%, 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 Hospital Standard Plan offers unlimited private 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.  Maternity benefits and annual wellness screening. Cover for medical emergencies when travelling. | 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. | 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. | 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   | Network in hospital cover to 100%. No day to day benefits. 28 Chronic conditions. Maternity benefit paid from risk. Supplementary benefits that are paid from risk.  | 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.  | 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.  | 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. |  |  |  |   |

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BONITAS

Medical Scheme Name