

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	BonClassic - 2025	flexiFED 4 Bespoke Savings BonClassic - 2025	maxima EXEC - 2025	flexiFED 3 ELECT 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	Refer to the guidance letter for contributions
Overall Annual Maximum	Unlimited	Unlimited at any private hospital	Unlimited at any private hospital	Unlimited at any private hospital
Hospital Benefit				
1 Private Hospital Care	Network 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 with the exception 7 specific hospiyals(please refer to the hospital network list). Fedhealth Network GP's and Specialists are unlimited and paid in full. Non-network GP's and other healthcare providers are paid up to the Fedhealth Rate. Non-network Specialists are paid up to 200% of 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.
2 Co-payment	30% co-payment for use of non network hospital. R37 080 co-pay for non-use of Hip and Knee replacement DSP, Dental admissions attract co-payments of R3 500 for children under the age of 5 and R5 000 for any other dental admissions, 20% for use of non-DSP for Dialysis, Oncology: 30% for non-network, and 20% co-pay after oncology limit has been reached. 20% co-pay on Cancer medication at non DSP. 25% on hearing aids at non DSP. MRI/CT Scans R2 800 co-payment per scan except for PMB. R7 420 co-pay for non use of DSP for Cataract surgery . 30% co-pay for use of non DSP mental health hospital.	Co- payments applicable to a defined list of procedures ranging from R5,000 to R 33,490	Co-payments apply for certain in-hospital procedures from R3 340 - R 35,240	A R15 470 excess on all hospital admissions except emergency admissions. Co- payments applicable to a defined list of procedures ranging from R5 000 to R33 490
3 Oncology	Unlimited for PMB. R336 100 p/f p/a for non PMB at the DSP, pre-auth required, 20% co-payment at DSP once limit is reached. No cover at non-DSP. Sub-limit of R60 680 p/b for Brachytherapy. 30% co-pay for use of non-DSP. Cancer medication subject to list of medication and 20% for use of non-DSP. Sublimit of R157 800 can be used for specialised drugs (including biological drugs)	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	Limited to R 624,000 at preferred providers, ICON and SAOC subject to tier 2 level of care.	Oncology is covered up to R350 000 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.
4 Organ Transplants	Unlimited, subject to pre-auth and DSP, Sublimit of R41 070 p/b for corneal grafts	Limited to R499 100 per annum. Corneal Grafts are limited to R36 300 per beneficiary per annum	Limited to R624 000 per annum. Corneal Grafts are limited to R36 300 per beneficiary per annum	Limited to R311 900
5 Dialysis	Unlimited, subject to pre-auth and DSP or 20% co-payment	Limited to R499 100 per annum up to the Fedhealth Rate at a DSP	Limited to R624 000 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 and other healthcare providers are paid up to the Fedhealth Rate. Non-network Specialists are paid up to 200% of 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. 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	7 day supply Limited to R605 per admission	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	R52 670 p/f, sub-limit of R20 310 for in and out of hospital consultations at a DSP. 30% co-pay for non use of DSP. Physiotherapy excluded for all Mental Health admissions	Limited to R28 000 per annum	Limited to R35 800 per annum	Limited to R28 000
Radiology/Pathology/Prosthesis				
1 Basic Radiology	Unlimited, at 100% of the scheme rate	Unlimited at Fedhealth Rate.	Paid from Savings & Threshold	Unlimited at Fedhealth Rate.

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2 MRI CT & PET Scans	R37 800 p/f p/a (in and out-of-hospital), Subject to pre-auth Subject to R2 800 co-payment per scan except for PMB	Unlimited at Fedhealth Rate. First R 5 500 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 R2 960 for non PMB MRI/CT scans for the member's account.
3 Pathology	Unlimited, at 100% of the scheme rate	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.	Unlimited at Fedhealth Rate.
4 Internal Prosthesis	Limited to R71 190 p/f p/a unless PMB (combined with external prosthesis limit). Sub-limit R6 860 per breast prosthesis limited 2 p/a, Subject to pre-auth & DSP apply. R362 100 p/f for cochlear implants at preferred supplier	Limited to R65 500 per annum.	Limits from R3 500 to R65 500 apply for certain procedures	Limited to R65 500 per annum
Sub Acute Facilities				
1 Hospice	R21 570 p/f, according to protocol. Unlimited Palliative care cancer only, subject to DSP.	Limited to R34 500.	Partnered with Alignd for palliative care treatment.	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, plus an additional list of conditions. 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 preferred provider.
Additional chronic conditions	20 Conditions - R14 780 p/b limited to R30 550 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	Subject to a limit of R6 300 per beneficiary, and R12 600 per family per annum. Thereafter unlimited cover for conditions on the CDL.	Subject to a limit of R7 890 per beneficiary, and an overall annual limit of R14 500 per family per annum. Thereafter unlimited cover for conditions on the CDL.	An additional list of conditions, subject to a R3200 limit per family.
Day-to-day Benefit				
Overall Annual Maximum	Scheme benefits + Savings + Supplementary Benefits + R2 070 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. A 20% co-payment applies to all claims paid from the Threshold Benefit.	Limit per family per year	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 GP, Specialist	Fedhealth Network GP's and specialists		Fedhealth Network GP's and specialists
Medical Savings Account	14.1% - PM: R12 636, AD: R10 848, C: R3 120	Annual Nominal Savings: PM: R348, AD: R312, C: R108 Annual Bespoke Savings: M: R12 288, M+1: R21 288, M+2: R22 476, M+2+: R23 688	Savings: M: R 12156, M+AD: R 22 704, M+AD+C: R 26 448, M+AD+2C: R 30 192	Annual Nominal Savings: PM: R276, AD: R228, C: R84 Annual Fixed Savings: M: R7 880, M+1: R10 480, M+2: R13 790, M+2+: R16 390
Annual Threshold	N/A	M+3: RR 46,600	M: R 21 200, M+AD: R 36 800, M+AD+C: R 41 700, M+AD+2C: R 46 600	Threshold: M: R7 900, M+1: R13 700, M+2: R15 600, M+3: R18 400
Self Payment Gap	N/A	Self-payment gap will vary depending on the Savings allocation	PM: R9 044, M+AD: R 14 096, M+AD+C: R 15 252, M+AD+2C: R16 408	Self-payment gap will vary depending on the Savings allocation

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Above Threshold Benefit	N/A	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.	Various limits and 10% co-payment apply	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.
GP's and medication				
1 General Practitioners	Subject to available Savings or Benefit Booster	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.	Network GP's paid from Savings then unlimited from Risk. Once Savings is depleted, unlimited cover. Non-network GP's are paid from Savings and Threshold at 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 available Savings or Benefit Booster. Specialist Network applies - subject to GP referral	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.	Network Specialists are paid from Savings and accumulation at cost to Threshold. Unlimited at cost once Threshold is reached. Non-network specialists are paid from Savings and Threshold. Does not accumulate to Threshold. Paid at the Fedhealth Rate. A 10% co-payment if GP referral is not obtained	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
3 Prescribed Medication	Subject to available Savings or Benefit Booster	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 and Threshold. Limited to R7 940 per beneficiary per year, R14 700 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 available Savings or Benefit Booster	Paid from Savings or self-funded. Does not accumulate or pay from Threshold.	Paid from Savings. 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	R4 060 p/b p/a limited to R8 980 p/f/p/a, combined limit with blood tests or Benefit Booster	Paid from Savings or self-funded and Threshold. Unlimited once Threshold is reached.	Paid from Savings and Threshold. Unlimited once Threshold is reached.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
2 MRI CT & PET Scans	R37 800 p/f p/a (Combined in and out-of-hospital), Subject to pre-auth Subject to R2 800 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	Paid from Risk if authorised. First R2 960 for non-PMB MRI / CT scans is for the member's account	Unlimited at Fedhealth Rate. First R2 960 for non-PMB MRI/CT scans for the member's account
3 Out-Of-Hospital Pathology	Combined with Basic Radiology or Benefit Booster	Paid from Savings or self-funded and Threshold. Unlimited once Threshold is reached.	Paid from Savings and Threshold. Unlimited once Threshold is reached.	Paid from Savings or self-funded. Accumulates at cost to Threshold level.
Dental Benefit				
1 Conservative Dentistry	R6 155 p/f p/a. Covered at the Bonitas Dental Tariff (BDT). Protocols and sub-limits apply	Paid from Savings or self-funded. Once Threshold level has been reached, this benefit is unlimited.	Paid from Savings and Threshold. Unlimited once Threshold is reached.	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.
2 Specialised Dentistry	R7 410 p/f p/a. Covered at the Bonitas Dental Tariff	Paid from Savings or self-funded and Threshold. Limited per annum before and after Threshold.	Limited to R8 270 per beneficiary per year, R24 700 per Savings and 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 R 400 p/b for exam at non-DSP	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.	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	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.
2 Lenses	100% at network - PPN, OR Single vision R 215 per lens, Bifocal R 460 per lens, Multifocal R 860 per lens at out of network	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.	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	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.
3 Frames	Limited to R1 345 p/b every 2 years at PPN or R1009 p/b at non-DSP	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.	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	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.
4 Contact Lenses	R2 125 p/b included in family limit	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.	Paid from Savings and Threshold. Limited to R3 740 per beneficiary per annum, R11 400 per family per annum before and after Threshold.	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.
Auxiliary Services				
1 Physiotherapy	Subject to available savings or Benefit Booster	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. Does not accumulate to threshold. Paid from Threshold up to the Additional Medical Services limit of R19 400 per family per annum	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. 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.	Network Psychiatrists are paid from Savings. Does not accumulate to Threshold. Paid at cost from Threshold up to the Additional Medical Services limit. Non-network Psychiatry is paid from Savings. Does not accumulate to Threshold. Paid at the Fedhealth Rate from Threshold up to the Additional Medical Services limit. R19 400 per family per annum. A 10% co-payment if GP referral is 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. 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.	In and out-of-hospital: Paid from Savings. Does not accumulate to Threshold. Paid from Threshold up to R19 400 per family per year.	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 (8 423)	Scheme - 62 859 (11 591)	Scheme - 62 859 (2 782)	Scheme - 62 859 (425)
3 Administrator	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd	Medscheme Holdings (Pty) Ltd
				Average age - 42.3 (48.2); Pensioner % - 20.7% (28.6%)
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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Contribution				
Descriptions				
Plan Description	Offers unlimited private hospital cover in network of hospitals. Cover in hospital for specialists up to 100% of the Bonitas rate. Cover for chronic medicine for 47 Chronic conditions. The savings account for consultations and acute medicine. Maternity benefits and annual wellness screening and R2 070 for Benefit Booster. Cover for medical emergencies when travelling.	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 Maxima Exec provides comprehensive cover. Benefits include unlimited hospitalisation. Chronic medication, Oncology, maternity and childhood benefits, preventative screening and a day-to-day benefit consisting of a Medical Savings Account (MSA) and a Threshold Benefit. A co-payment applies for non-PMB Trauma treatment in a casualty ward.	The flexFed 3 ELECT option is for growing families. Benefits include unlimited hospitalisation. There is an excess on all hospital admissions except for emergency admissions. 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	Cover at network hospitals up to 100% of Bonitas rate and a Medical Savings Account for certain day to day benefits. Day to day cover with set limits on certain 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 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 private hospital. Co-payments apply for certain in-hospital procedures. 27 Chronic Conditions plus an additional chronic disease list subject to a rand limit. Day-to day cover consists of a Medical Savings Account (MSA) and a Threshold Benefit	Unlimited at any private hospital. There is an excess on all hospital admissions except for emergency admissions. 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 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.				