



Fedhealth Medical Scheme

Technical analysis
Version 1.1

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Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



1 | Summary of Fedhealth 2022 benefit changes

General changes

- Preferred providers for cancer
 - All members have choice of an oncologist with ICON or SAOC (instead of the original DSP network). Members will have access to most oncologists in SA and thus no co-payment for voluntary non-use of DSPs.
- Screening benefit for children
 - HPV vaccine for female beneficiaries aged between 9 and 14 years covered from Risk.
- Mammogram frequency
 - Covered on screening benefit once every 2 years as opposed to being covered previously once every 3 years.
- Aligned benefit for cancer cover
 - Benefit offers palliative care to members diagnosed with advanced stage or metastatic cancer which provides relief from symptoms and stress.

Plan changes

- Tighter restrictions on private hospitals
 - flexiFED 2, 3, 4, Maxima Exec and Maxima Plus previously covered planned procedures at any private hospital. For 2022, there are 7 hospitals that have been excluded.
- Additional copayments and sub-limits
 - On flexiFED 4, certain expenses paid from the threshold benefit are now subject to sub-limits
 - Additionally, a 20% co-payment has been introduced on most claims paid from threshold benefit
 - Limit added to myFED hospital cover – GPs and specialists not on Fedhealth network covered up to Fedhealth Rate now up to a combined limit of R2 500
 - No longer a 40% co-payment if HIV/AIDS medicine is not obtained from Pharmacy Direct
- Removed benefits
 - Spinal surgery benefit removed from flexiFED 1
- Added benefits
 - Stress and Anxiety benefit on flexiFED 1. Benefit will cover virtual consults with a psychologist that is paid from Risk
 - COVID-19 benefit that has allowed the addition of courier pharmacies to the scheme's DSPs and cover for 3 different types of in-vitro tests for COVID-19
 - Hospital at Home benefit on MaxiFED plans that brings essential elements of in-patient care to the patient's home

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Comparison to Discovery Health Medical Scheme



2 | Key observations

- 1** Exceptional growth within a contracting industry
 - In 2021 DHMS experienced **extraordinary growth** of around 26 000 lives. This level of growth is exceptional given that the open medical scheme industry has been contracting over the past few years.
 - Despite gaining 30,387 beneficiaries through the Topmed amalgamation, Fedhealth grew by only 12,350 beneficiaries in 2019. In 2020, **the scheme shrank** by 12,934 members. This means the scheme lost ~8% of its members which raises concerns about the future growth of the scheme.
- 2** Financial performance
 - Over the last 7-year period (excluding 2017 and 2020), Fedhealth has **experienced negative net healthcare results** (-R507 million in aggregate). Negative net healthcare results are a concern for sustainability and suggest higher future contribution increases to offset loss-making results. Large net healthcare losses experienced in 2019 likely due to poor lives gained from the Topmed amalgamation.
- 3** Cover for complex conditions as they arise
 - **DHMS offers richer oncology** cover including:
 - Threshold benefit which offers 80% cover even when thresholds are reached (as opposed to a limit which offers no cover above the limit)
 - Cover for specialized medication and treatment including Brachytherapy, biologics and new-to-market medication
 - The MyFED and FlexiFED options only **provide PMB level-of-care** or access to tier 1 treatment protocols for oncology treatment with no cover for specialised medicine including biologic drugs unless PMBs, whilst the higher-end options include an overall limit with sub-limits on specialised medicine.
- 4** Membership profile
 - Fedhealth has a **higher average age and pensioner ratio** than many other open medical schemes (40.1 vs 35.3 average age and 17.9% vs 10.8% pensioner ratio for all open schemes). This demographic profile will continue to impact the scheme's claims experience and contribution increases over time.
- 5** Integrated benefits
 - Access to a **free Discovery Pay transactional account**, that embeds:
 - Seamless integrated payment solution for healthcare payments
 - Pay as you Gym access to Virgin Active and Planet Fitness facilities
 - Access to Vitality Travel, offering 10% off all flights, accommodation, holiday packages and car hire
 - **3 months free Vitality**, the world's leading behaviour change programme.
- 6** Advanced healthcare delivery
 - DHMS has invested in a digital healthcare ecosystem to **improve healthcare delivery, quality and servicing**.
 - Through **Discovery's unique Connected Care benefit**, DHMS members have access to a range of advanced, high quality home-based healthcare solutions, across the continuum of healthcare needs.
 - **Hospital at Home** offers DHMS members access to hospital-level care and services delivered in the comfort of their homes, with 24-7 clinical oversight and full cover for monitoring devices and services required for the optimal at-home recovery

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3 | Sustainability: Performance metrics

	DHMS		Fedhealth	
	2020	Change '19 – '20	2020	Change '19 – '20
Administrator	Discovery Health (Pty) Ltd		Medscheme Holdings (Pty) Ltd	
Global Credit Rating	AAA		AA-	
Number of principal members	1 330 513	-21 207 (-2%)	74 494	-5 321 (-7%)
Number of beneficiaries	2 758 340	-49 766 (-2%)	143 970	-12 934 (-8%)
Market share (% open scheme beneficiaries)	57.1%	+0.2 p.p.	3.0%	-0.2 p.p.
Average age per beneficiary (years)	34.9	+0.5 years	40.1	+0.8 years
Pensioner ratio	10.2%	+0.6 p.p.	17.9%	+1.3 p.p.
Net healthcare result (R '000)	R7 450 736		R111 236	
Reserves (R '000)	R27 528 785	+R8 319 437	R1 655 725	+R189 158
Solvency ratio	36.9%	+9.4 p.p.	44.7%	+1.2 p.p.
Headline increase for 2022	7.9% from October 2022 (2.0% weighted average increase)		7.4% from April 2022 (5.5% weighted average increase)	

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Comparison to Discovery Health Medical Scheme



4 | 2023 impact of underpricing medical inflation

	2021 AND 2022 INCREASE	REQUIRED INCREASE BASED ON HISTORIC MEDICAL INFLATION	FUTURE PRICE SHOCK REQUIRED IN 2023
DHMS	CPI + 3.1%	CPI + 4.1%	CPI + 4%
Industry	CPI + 1.1%	CPI + 5.0%	CPI + 11%
Scheme A	CPI + 1.0%	CPI + 5.1%	CPI + 11%
Scheme B	CPI + 1.2%	CPI + 4.4%	CPI + 9%

DHMS

Experienced increase **CPI + 0.2%** during 2021 and 2022

Contribution levels: **remain on par with anticipated claims** experience once COVID-19 becomes endemic

Future contribution increases: **remain in the CPI + 3% - 4% corridor**

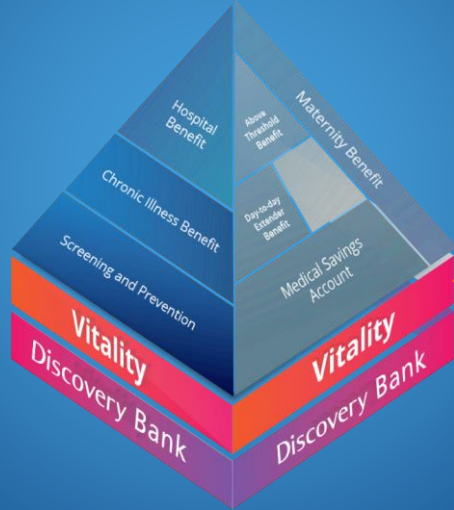
Industry

Experienced increase: **CPI + 0.7%** during 2021 and 2022





Contribution levels: **fall behind anticipated claims experience by CPI + 11%** once COVID-19 becomes endemic

Future contribution increases: can be in the CPI + 3% to 4% corridor, but **for ≈2 years at current reserve levels**





DHMS members can access valuable integrated benefits and rewards



SEAMLESS PAYMENTS AND ENHANCED LIFESTYLE BENEFITS EMBEDDED THROUGH DISCOVERY BANK

 <p>Contacts Health Vitality</p>			
<h3>DISCOVERY PAY</h3>	<h3>VITALITY TRAVEL</h3>	<h3>VITALITY MONEY</h3>	<h3>VITALITY MILES</h3>
<p>HEALTH: Instantly settle medical payments without the hassle of submitting claims or reconciliation. VITALITY: Get access to Pay as you Gym at any Vitality health and fitness partner from R75 per visit. CONTACTS: Pay Discovery clients using just a cellphone number</p>	<p>Get access to the Vitality Travel platform which unlocks a 10% discount on local and international flights, accommodation and car hire.</p>	<p>Access to Vitality Money, which makes clients financially healthier by rewarding them for positive behaviour changes.</p>	<p>Earn Discovery Miles for achieving weekly goals with Vitality Active Rewards. Get up to 30% off when spending Discovery Miles.</p>

ACCESS TO PREMIUM HEALTH, WELLNESS AND LIFESTYLE BENEFITS THROUGH VITALITY

<h3>EMBEDDED VITALITY FEATURES</h3> <ul style="list-style-type: none">  Health Tracker  Personalised health goals and Active Rewards  HealthyCare 	<h3>VITALITY ACTIVE</h3> 	<h3>VITALITY PREMIUM</h3> 
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DHMS members get access to three months of free Vitality Active or Vitality Premium



5 | FlexiFED Structure

Choose your cover

Choose your plan based on your needs:

- FlexiFED 1 “Basic benefit bundle for young and healthy singles with cover in network hospitals”
- FlexiFED 2 “Basic benefit bundle for family start-ups”
- FlexiFED 3 “Basic benefit bundle for young families”
- FlexiFED 4 “Basic benefit bundle with threshold for mature families”

Choose your hospital network

FlexiFED plans are structured according to a choice of hospital payment arrangements, for which a different contribution will apply:

Hospital Choices

1. Any provider
2. Grid network (Maxima Exec, FlexiFED 2, 3, 4)
3. Elect (FlexiFED 1, 2, 3, 4)

Grid network – members on “Grid” plans are restricted to a particular network of hospitals which they must use for any planned admission. Choosing to go out-of-network will result in a co-payment of R13 000 (R7 300 for FlexiFED 1 which has its own network).

Elect network– members on “Elect” plans are restricted to a smaller network of hospitals which they must use for any planned admission. Choosing to go out-of-network will result in a co-payment of R13 000.

Choose your payment structure

FlexiFED plans include a very small savings which can be increased by a pre-determined amount resulting in the fixed payment structure like having an MSA.

Alternatively, funds can be transferred from the Medivault for day-to-day needs as required resulting in the flexible payment structure. More information on the structure and implication of the flexible structure is provided on the next slides.

In order to perform a like for like comparison we set the annual savings amount on FlexiFED plans equal to the annual MSA provided through the comparable Discovery plan throughout the rest of this document.



How does the MediVault work?



Claims will always be paid from a member's **MSA account first**, if funds are available.



When a member runs out of MSA, they can **access their MediVault** for any **relevant healthcare expenditure**. The MediVault is limited based on plan and family structure.



- Funds are **transferred** from the MediVault to the **member's Wallet** in increments of R600. Once transferred, funds can be utilised in same manner as an MSA.



- Transferring funds to the Wallet will trigger a **monthly debit order** for repayment (additional debit order to scheme contribution). The member will be required to repay funds in **equal monthly instalments** over a **chosen period with a maximum of 12 months** (free of interest). Additional transfers will increase the monthly instalment. Defaulting on the debit order may trigger an ITC process.

MediVault technical detail

- The MediVault is only available on FlexiFED 1, 2, 3 and 4 (including Grid and Elect options)
- The amount available in a member's MediVault is based on their plan option and family structure
- The amount in the MediVault is available annually as per the Scheme benefit year (1 January to 31 December)
- Any portion of the MediVault that is not transferred to the Wallet in a given year will not be available for the member to use in the following year

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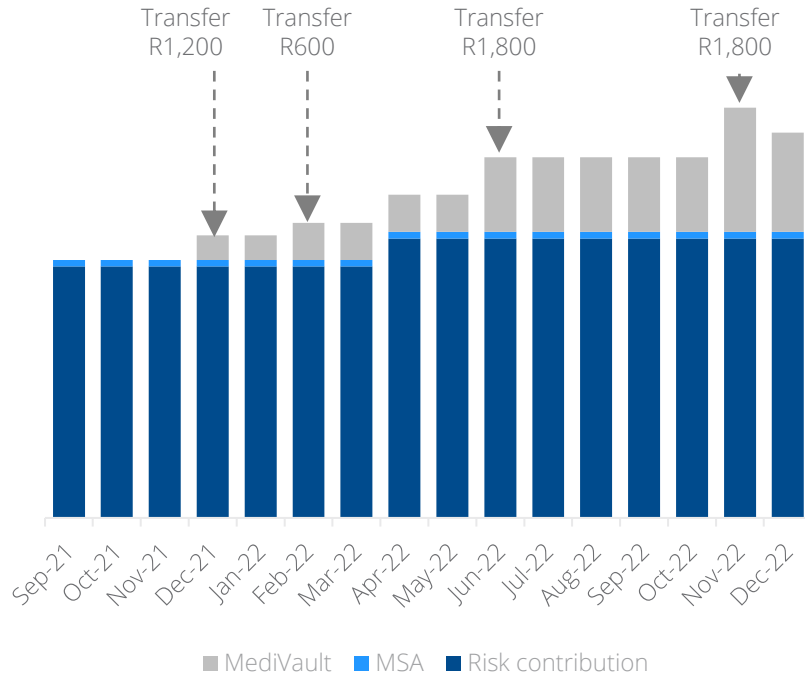
Comparison to Discovery Health Medical Scheme



Such a structure results in contributions that vary from month-to-month, and can result in overlapping repayment periods

Points to note

Illustrative example: FlexiFED 1 flexible structure



- Requires application process
- Total contributions can vary month-to-month creating uncertainty for member or employer group (where subsidy applies)
- This structure can result in overlapping payment periods (e.g. paying off 2021 amount and 2022 amount simultaneously)
- Missing debit order may trigger an ITC process

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



6 | Plan range

Fedhealth option	Description	Classification	Beneficiaries	Contribution		Comparable DHMS option	Contribution	
				P	PAC		P	PAC
Maxima Plus	<u>Extensive day-to-day:</u> New generation option with savings and threshold to cover day-to-day expenses	Non-network 200% IH specialist reimbursement PMB + 43 non-PMB chronics 5.0% MSA and unlimited ATB	1 765	R11 790	R25 608	Executive Classic Comprehensive	R7 688 R6 309	R16 844 R13 533
Maxima Exec	<u>Extensive day-to-day:</u> New generation option with savings and threshold to cover day-to-day expenses	Non-network 200% IH specialist reimbursement PMB + 29 non-PMB chronics 12.9% MSA and unlimited ATB (with 10% co-payment)	6 204	R7 460	R16 241	Classic Comprehensive	R6 309	R13 533
Maxima Exec Grid	<u>Extensive day-to-day:</u> New generation option with savings and threshold to cover day-to-day expenses	Network 200% IH specialist reimbursement PMB + 29 non-PMB chronics 12.9% MSA and unlimited ATB (with 10% co-payment)	480	Discontinued		Classic Delta Comprehensive	R5 681	R12 191
FlexiFED 4	<u>Limited day-to-day:</u> Traditional option with funding of GP benefits below threshold to cover day-to-day expenses	Non-network 100% IH specialist reimbursement PMB + 17 non-PMB chronics 0.7% MSA and unlimited ATB (with 20% co-payment)	33 139	R4 935	R10 903	Essential Priority Classic Saver	R3 472 R3 485	R7 591 R7 632
FlexiFED 4 Grid	<u>Limited day-to-day:</u> Traditional option with funding of GP benefits below threshold to cover day-to-day expenses	Network 100% IH specialist reimbursement PMB + 17 non-PMB chronics 0.7% MSA and unlimited ATB (with 20% co-payment)	2 033	R4 303	R9 519	Essential Priority Classic Delta Saver	R3 472 R2 784	R7 591 R6 102

In order to perform a like for like comparison we set the annual savings amount on FlexiFED plans equal to the annual MSA provided through the comparable Discovery plan. The matched plan is show in **bold** throughout the rest of this document.

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6 | Plan range

Fedhealth option	Description	Classification	Beneficiaries	Contribution		Comparable DHMS option	Contribution	
				P	PAC		P	PAC
FlexiFED 4 Elect	<u>Limited day-to-day:</u> Traditional option with funding of GP benefits below threshold to cover day-to-day expenses	Network 100% IH specialist reimbursement PMB + 17 non-PMB chronics 0.8% MSA and unlimited ATB (with 20% co-payment)	969	R3 740	R8 339	Essential Priority Classic Delta Saver	R3 472 R2 784	R7 591 R6 102
FlexiFED 3	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Non-network 100% IH specialist reimbursement PMB + 3 non-PMB chronics 1.0% MSA	29 514	R3 439	R7 759	Essential Saver Essential Core	R2 770 R2 229	R5 958 R4 796
FlexiFED 3 Grid	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB + 3 non-PMB chronics 1.0% MSA	3 619	R3 019	R6 819	Essential Delta Saver Essential Delta Core	R2 209 R1 781	R4 764 R3 836
FlexiFED 3 Elect	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB + 3 non-PMB chronics 1.0% MSA	517	R2 597	R5 863	Essential Delta Saver Essential Delta Core	R2 209 R1 781	R4 764 R3 836
FlexiFED 2	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Non-network 100% IH specialist reimbursement PMB chronics 1.1% MSA	21 710	R3 049	R6 640	Essential Saver Essential Core	R2 770 R2 229	R5 958 R4 796

In order to perform a like for like comparison we set the annual savings amount on FlexiFED plans equal to the annual MSA provided through the comparable Discovery plan. The matched plan is show in **bold** throughout the rest of this document.

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Comparison to Discovery Health Medical Scheme



6 | Plan range

Fedhealth option	Description	Classification	Beneficiaries	Contribution		Comparable DHMS option	Contribution	
				P	PAC		P	PAC
FlexiFED 2 Grid	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB chronics 1.1% MSA	9 752	R2 685	R5 863	Essential Delta Saver Essential Delta Core	R2 209 R1 781	R4 764 R3 836
FlexiFED 2 Elect	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB chronics 1.1% MSA	575	R2 315	R5 059	Essential Delta Saver Essential Delta Core	R2 209 R1 781	R4 764 R3 836
FlexiFED 1	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB chronics 1.4% MSA	45 957	R1 901	R4 085	Essential Delta Core Essential Smart	R1 781 R1 483	R3 836 R4 449
FlexiFED 1 Elect	<u>Hospital:</u> New generation option with small MSA and GP/basic dentistry threshold benefit	Network 100% IH specialist reimbursement PMB chronics 1.4% MSA	4 887	R1 481	R3 178	Essential Delta Core Essential Smart	R1 781 R1 483	R3 836 R4 449
MyFED R0 – R6 251 R6 252 – R8 550 R8 551 – R10 219 R10 220 – R12 622 R12 623 – R14 426 R14 427+	<u>Low income:</u> Income based entry-level option which offers day-to-day and hospital cover using a network of providers	Network 100% IH specialist reimbursement PMB chronics Limited day-to-day benefits paid from risk	5 681	R1 275 R1 301 R1 552 R2 176 R2 765 R3 750	R3 093 R3 203 R3 659 R4 910 R6 125 R8 595	KeyCare Plus R0 – R8 550 R8 551 – R13 800 R13 801+	R1 279 R1 758 R2 595	R3 022 R4 011 R5 885

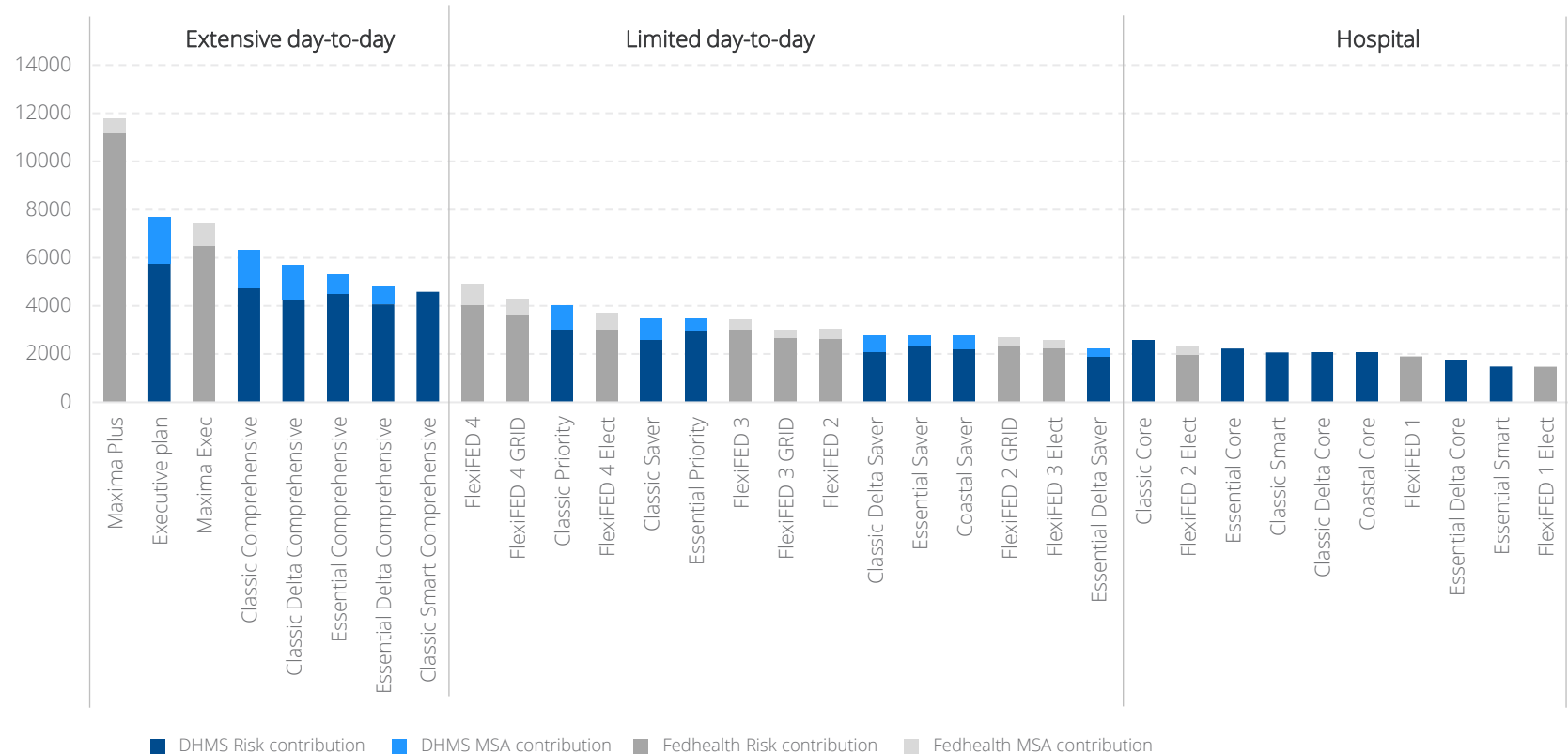
In order to perform a like for like comparison we set the annual savings amount on FlexiFED plans equal to the annual MSA provided through the comparable Discovery plan. The matched plan is show in **bold** throughout the rest of this document.

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



7 | Affordability: Principal member contribution by plan segment



Notes: On Fedhealth, pay child dependant rates for children under the age of 27 versus under the age of 21 on DHMS
 FlexiFED MSA contributions have been matched to the current contributions to MSA of the comparable DHMS plan



7 | Affordability: Principal member contribution by plan segment



Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth Maxima Plus

Performance metrics		
	2020	Change '19 – '20
Number of principal members	1 187	-297
Number of beneficiaries	1 765	-476
Average age per beneficiary (years)	64.59	+0.79 years
Pensioner ratio	60.45%	+2.35 p.p.
Chronic prevalence	57.3%	-1.70 p.p.
Net healthcare result (R '000)	R15 566	
Headline increase for 2022 (Principal)	9.2%	

Benefit overview	
Hospital benefits	
<ul style="list-style-type: none"> • Non-network • 200% IH specialist reimbursement rate • No overall annual limit but sub-limits apply for certain treatments e.g. mental health hospitalisation, prosthesis benefits 	
Chronic illness benefits	
<ul style="list-style-type: none"> • Cover for PMB and 43 non-PMB chronic conditions • Chronic cover for non-PMBs is limited to R16 700 per person or R31 300 per family per year • Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment • Comprehensive formulary with a 40% co-payment for non-formulary items 	
Condition management	
<ul style="list-style-type: none"> • Unlimited oncology benefit; R390 400 can be used for specialised medicine (including biological drugs). Subject to level 3 treatment protocols. • Unlimited renal dialysis benefit; DSP must be used to avoid a 40% co-payment • Members must obtain HIV/AIDS medication from Pharmacy Direct to avoid a 40% co-pay 	
Day-to-day benefits	
<ul style="list-style-type: none"> • 5.0% MSA, access to Out-of-hospital Expenses Benefit (OHEB) and unlimited threshold benefit (sublimits apply) 	

Advantages of moving to DHMS Executive Plan				
<ul style="list-style-type: none"> • Contributions are 34% more affordable (based on policies with one adult dependant and one child) • Larger MSA (e.g. R23 520 MSA for principal member on Executive vs R6 975 MSA + R9 794 OHEB on Maxima Plus), with greater MSA carryover for low utilisers of day-to-day benefits • Higher sublimits on day-to-day benefits versus Fedhealth Maxima Plus (e.g. R8 750 per person for optometry on Executive vs R3 740 per person on Maxima Plus with a family limit of R11 400) • Greater flexibility on specialist benefits (Maxima Plus applies a 10% co-payment if GP referral is not obtained for specialists) 				
Contributions		P	PAC	
Fedhealth Maxima Plus		R11 790	R25 608	
DHMS Executive		R7 688	R16 844	
DHMS Classic Comprehensive		R6 309	R13 533	
Principal member	MSA	OHEB	SPG	ATB
Fedhealth Maxima Plus	R6 975	R9 794	R1 031	Unlimited
DHMS Executive	R23 520	N/A	R4 860	
DHMS Classic Comprehensive	R19 299	N/A	R4 121	

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth Maxima Exec

Performance metrics		
	2020	Change '19 - '20
Number of principal members	3 778	-561
Number of beneficiaries	6 204	-1 174
Average age per beneficiary (years)	59.27	+1.77 years
Pensioner ratio	48.81%	+3.71 p.p.
Chronic prevalence	52.30%	-0.7 p.p.
Net healthcare result (R '000)	-R24 056	
Headline increase for 2022 (Principal)	9.1%	

Benefit overview	
Hospital benefits	
<ul style="list-style-type: none"> • Non-network • 200% IH specialist reimbursement rate • No overall annual limit but sub-limits apply for certain treatments e.g. mental health hospitalisation, prosthesis benefits 	
Chronic illness benefits	
<ul style="list-style-type: none"> • Cover for PMB and 29 non-PMB chronic conditions • Chronic cover for non-PMBs is limited to R7 890 per person or R14 500 per family per year • Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment • Comprehensive formulary with a 40% co-payment for non-formulary items 	
Condition management	
<ul style="list-style-type: none"> • Oncology limit of R624 000 per family; R194 600 can be used for specialised medicine (including biological drugs). Subject to level 2 treatment protocols. • Renal dialysis limit of R600 600 per family • Members must obtain HIV/AIDS medication from Pharmacy Direct to avoid a 40% co-pay 	
Day-to-day benefits	
<ul style="list-style-type: none"> • 12.9% MSA and unlimited threshold benefit (10% co-payment while in threshold, sublimits apply) 	

Advantages of moving to DHMS Classic Comprehensive / Classic Delta Comprehensive			
<ul style="list-style-type: none"> • Contributions are 17% more affordable (based on policies with one adult dependant and one child) • Larger MSA with greater MSA carryover for low utilisers of day-to-day benefits • Smaller SPG and no co-payment in ATB • Higher sub-limits on day-to-day benefits versus Maxima Exec (e.g. R6 600 per person for optometry on Classic Comp vs R3 740 per person on Maxima Exec with a family limit of R11 400) • Greater flexibility on specialist benefits (Maxima Exec applies a 10% co-payment if GP referral is not obtained) • Richer oncology cover with a R400 000 threshold per beneficiary (no limit), access to full SAOC guidelines and no network restrictions. Access to extended oncology cover for a defined list of treatments and innovative cancer treatments with a co-payment. Oncology benefits on Maxima Exec limited to tier 2 treatment protocol, with a Rand value per family 			
Contributions	P	PAC	
Fedhealth Maxima Exec	R7 460	R16 241	
DHMS Classic Comp Classic Delta Comp	R6 309 R5 681	R13 533 R12 191	
Principal member	MSA	SPG	ATB
Fedhealth Maxima Exec	R11 307	R4 093	Unlimited (with 10% co-pay)
DHMS Classic Comp Classic Delta Comp	R19 299 R17 379	R4 121 R6 041	Unlimited

Fedhealth: Technical analysis

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Overview of Fedhealth FlexiFED 4 Non-network

Performance metrics		
	2020	Change '19 – '20
Number of principal members	17 791	-1 176
Number of beneficiaries	33 139	-2 918
Average age per beneficiary (years)	48.21	+1.11yrs
Pensioner ratio	26.79%	-7.21p.p.
Chronic prevalence	36.6%	+1.9 p.p.
Net healthcare result (R '000)	R39 554	
Headline increase for 2022 (Principal)	8.4%	

¹Matched MSA using Flexible payment structure

Benefit overview
<p>Hospital benefits</p> <ul style="list-style-type: none"> Non-network 100% IH specialist reimbursement rate No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)
<p>Chronic illness benefits</p> <ul style="list-style-type: none"> Cover for PMB and 17 non-PMB chronic conditions Chronic cover for non-PMBs is limited to R6 300 per person or R12 600 per family per year Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment Intermediary formulary with a 40% co-payment for non-formulary items
<p>Condition management</p> <ul style="list-style-type: none"> Oncology limit of R499 100 per family (no access to specialised medicine); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols Renal dialysis limit of R499 100 per family Members must obtain HIV/AIDS medication from Pharmacy Direct to avoid a 40% co-pay
<p>Day-to-day benefits</p> <ul style="list-style-type: none"> Unlimited network GP visits at network providers 0.7% MSA and unlimited threshold benefit (with 20% co-payment in threshold) Access to MediVault, R12 468 per year for a principal member, R24 900 per year for PAC

Advantages of moving to DHMS Classic Saver			
•	Contributions are 30% more affordable (based on policies with one adult dependant and one child)		
•	Richer in-hospital cover with 200% IH reimbursement rate and fewer co-payments or limits (e.g. R2 480 co-payment on FlexiFED 4 for IH MRI or CT scan)		
•	Greater flexibility on specialist benefits (FlexiFED 4 applies a 20% co-payment if GP referral is not obtained for specialists)		
•	Richer oncology benefit with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFed 4 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs		

Contributions	P	PAC	
Fedhealth FlexiFED 4	R4 935	R10 903	
DHMS Classic Saver	R3 485	R7 632	

Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 4	R 10 659 ¹	R4 641	20% copayment (various sub-limits apply)
DHMS Classic Saver	R10 659	Extender Benefit (GP Consultations and Kids Casualty)	-

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Overview of Fedhealth FlexiFED 4 Network (Grid, Elect)

Performance metrics		
	2020	Change '19 - '20
Number of principal members	979 (Grid) 475 (Elect)	New -25 (Elect)
Number of beneficiaries	2 033 (Grid) 969 (Elect)	New -75 (Elect)
Average age per beneficiary (years)	52 (Grid) 50.1 (Elect)	New +7 yrs (Elect)
Pensioner ratio	31.3% (Grid) 28.0% (Elect)	New -1.20 p.p. (Elect)
Chronic prevalence	43.2% (Grid) 36.2% (Elect)	New +4.8 p.p. (Elect)
Net healthcare result (R '000)	-R4 284 (Grid) +R7 146 (Elect)	
Headline increase for 2022 (Principal)	8.6% (Grid) 8.5% (Elect)	

¹Matched MSA using Flexible payment structure

Benefit overview	
Hospital benefits	<ul style="list-style-type: none"> Network options with R13 000 co-payment for planned procedures outside the network Very restricted network of 25 hospitals nationwide on Elect 100% IH specialist reimbursement rate No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)
Chronic illness benefits	<ul style="list-style-type: none"> Cover for PMB and 17 non-PMB chronic conditions Chronic cover for non-PMBs is limited to R6 300 per person or R12 600 per family per year Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment Intermediary formulary with a 40% co-payment for non-formulary items
Condition management	<ul style="list-style-type: none"> Oncology limit of R499 100 per family (no access to specialised medicine); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols Renal dialysis limit of R499 100 per family; DSP must be used to avoid a 40% co-payment Members must obtain HIV/AIDS medication from Pharmacy Direct to avoid a 40% co-pay
Day-to-day benefits	<ul style="list-style-type: none"> Unlimited network GP visits at network providers 0.7% MSA and unlimited threshold benefit (with 20% co-payment in threshold) Access to MediVault, R12 468 per year for a principal member, R24 900 per year for PAC

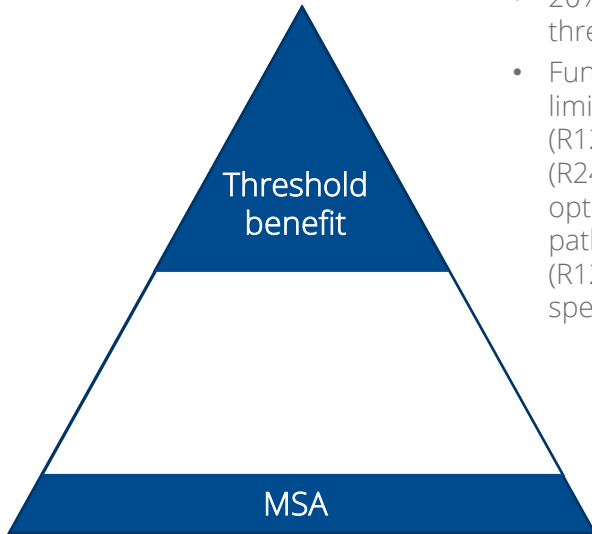
Advantages of moving to DHMS Classic Delta Saver

- Contributions are 36% more affordable** (based on policies with one adult dependant and one child) compared to the Grid option
- Richer in-hospital cover** with 200% IH reimbursement rate and fewer co-payments or limits (e.g. R2 480 co-payment on FlexiFED 4 for IH MRI or CT scan)
- Greater flexibility on specialist benefits** (FlexiFED 4 applies a 20% co-payment if GP referral is not obtained for specialists)
- Richer oncology benefit** with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFed 4 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs

Contributions	P	PAC	
Fedhealth FlexiFED 4 Grid FlexiFED 4 Elect	R4 303 R3 740	R9 519 R8 339	
Classic Delta Saver	R2 784	R6 102	
Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 4 Grid	R8 517 ¹	R6 783	20% copayment (various sub-limits apply)
DHMS Classic Delta Saver	R8 517	Extender Benefit (GP Consultations and Kids Casualty)	-



FlexiFED 4: Day-to-day benefits

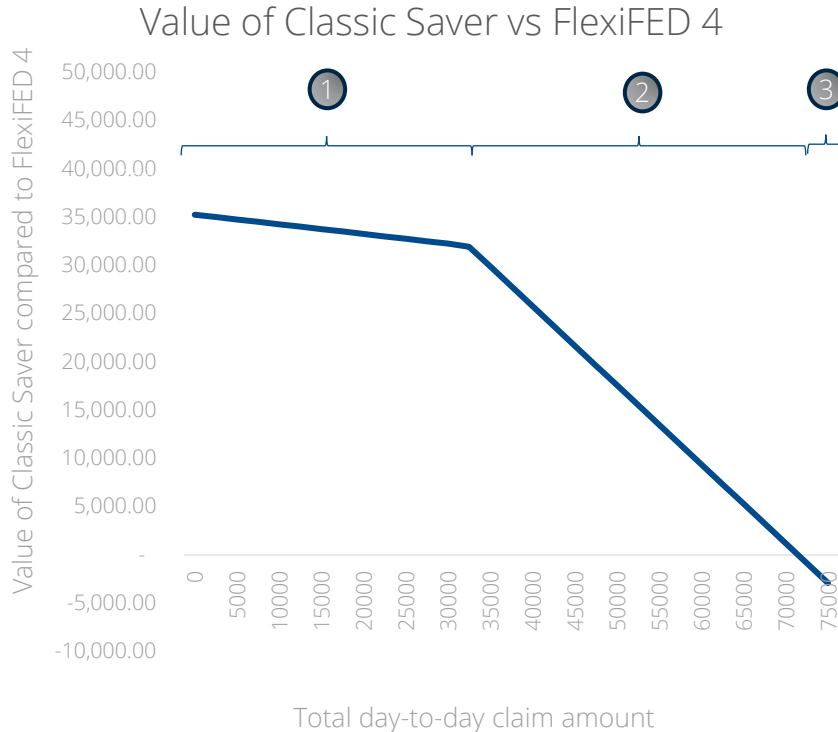


- Unlimited threshold benefit
- 20% co-payment applies in threshold
- Funding for: appliances (R12 900 limit), additional medical services (R12 900 limit), advanced dentistry (R24 700 limit), basic dentistry, optometry (R11 400 limit), pathology, prescribed medication (R12 770 limit), radiology and specialists
- Unlimited GP consultations at a Fedhealth Network GP below and above threshold

Threshold level	
M	R15 300
M + 1	R27 800
M + 2	R31 500
M 2+	R35 300



Fedhealth FlexiFED 4 day-to-day deep dive



- 1 Classic Saver members start with an annual **contribution saving of R35 280** relative to FlexiFED 4. Because FlexiFED members have cover for GP visits the value of Classic Saver vs FlexiFED 4 slowly reduces as utilisation increases. We assume that 10% of day-to-day spending is on GPs.
- 2 The threshold of **R31 500** (excluding GP costs) is reached at which point the value of Classic Saver decreases further as more benefits are paid from the ATB. However, the large contribution savings requires high utilisation before the value of FlexiFED 4 catches up.
- 3 In order to get greater value from FlexiFED 4, **day-to-day expenses of R71 500 is required** without reaching any of the sub-limits.

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth FlexiFED 3 Non-network

Performance metrics

	2020	Change '19 - '20
Number of principal members	15 177	+215
Number of beneficiaries	29 514	+86
Average age per beneficiary (years)	44.87	+0.17 yrs
Pensioner ratio	24.13%	+2.31 p.p.
Chronic prevalence	25.2%	+1.7p.p.
Net healthcare result (R '000)	R5 432	
Headline increase for 2022 (Principal)	7.9%	

¹Matched MSA using Flexible payment structure

²3 non-PMB conditions covered for children only, remaining 4 non-PMB conditions covered up to R3 200 per family

Benefit overview

Hospital benefits

- Non-network
- 100% IH specialist reimbursement rate
- No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)

Chronic illness benefits

- Cover for PMB chronic conditions and 7 non-PMB chronic conditions²
- Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment
- Intermediary formulary with a 40% co-payment for non-formulary items

Condition management

- Oncology limit of R311 900 per family (no access to specialised medicine or brachytherapy); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols
- Renal dialysis limit of R311 900 per family; DSP must be used to avoid a 40% co-payment

Day-to-day benefits

- 1.0% MSA and Threshold benefit (covers basic dentistry and network GP consultations once threshold level is reached)
- Access to MediVault, R7 488 per year for a principal member, R13 104 per year for a PAC family structure on FlexiFED 3

Advantages of moving to DHMS Essential Saver

- **Contributions are 23% more affordable** (based on policies with one adult dependant and one child)
- **Richer oncology benefit** with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFED 3 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs

Contributions	P	PAC
Fedhealth FlexiFED 3	R 3 439	R7 759
DHMS Essential Saver	R2 770	R5 958

Fedhealth FlexiFED 3	R3 045	R6 914
DHMS Essential Core	R2 229	R4 796

Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 3	R5 079 ¹	R821	Unlimited network GPs; basic dentistry
DHMS Essential Saver	R5 079	Extender Benefit (Virtual GP consults)	-

Fedhealth FlexiFED 3	R342	R5 558	Unlimited network GPs; basic dentistry
DHMS Essential Core	(R8 601 contribution savings)	-	-

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth FlexiFED 3 (Grid, Elect)

Performance metrics

	2020	Change '19 - '20
Number of principal members	1 759 (Grid) 229 (Elect)	+123 (Grid) New
Number of beneficiaries	3 619 (Grid) 517 (Elect)	+237 (Grid) New
Average age per beneficiary (years)	46 (Grid) 46.4 (Elect)	+3.2 yrs (Grid) New
Pensioner ratio	24.80% (Grid) 23.10% (Elect)	-6.3 p.p.(Grid) New
Chronic prevalence	28.40% (Grid) 22.40% (Elect)	+2.0 p.p.(Grid) New
Net healthcare result (R '000)	-R7 141 (Grid) +R142 (Elect)	
Headline increase for 2022 (Principal)	7.9% (Grid) 8.0% (Elect)	

¹Matched MSA using Flexible payment structure

^{2,3} non-PMB conditions covered for children only, remaining 4 non-PMB conditions covered up to R3 200 per family

Benefit overview

Hospital benefits

- Network options with a R13 000 co-payment for planned procedures outside the network
- Very restricted network of 25 hospitals nationwide on Elect
- 100% IH specialist reimbursement rate
- No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)

Chronic illness benefits

- Cover for PMB chronic conditions and 7 non-PMB chronic conditions²
- Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment
- Intermediary formulary with a 40% co-payment for non-formulary items

Condition management

- Oncology limit of R311 900 per family (no access to specialised medicine or brachytherapy); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols
- Renal dialysis limit of R311 900 per family; DSP must be used to avoid a 40% co-payment

Day-to-day benefits

- 1.0% MSA and Threshold benefit (covers basic dentistry and network GP consultations once threshold level is reached)
- Access to MediVault, R7 488 per year for a principal member, R13 104 per year for a PAC family structure on FlexiFED 3

Advantages of moving to DHMS Essential Delta Saver

- **Contributions are 30% more affordable** (based on policies with one adult dependant and one child) compared to the Grid option
- **Richer oncology benefit** with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFED 3 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs

Contributions	P	PAC
Fedhealth FlexiFED 3 Grid FlexiFED 3 Elect	R3 019 R2 597	R6 819 R5 863
DHMS Essential Delta Saver	R2 209	R4 764

Fedhealth FlexiFED 3 Grid FlexiFED 3 Elect	R2 707 R2 282	R6 150 R5 184
DHMS Essential Delta Core	R1 781	R3 836

Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 3 Grid/ Elect	R4 050 ¹	R1 850	Unlimited network GPs; basic dentistry
DHMS Essential Delta Saver	R4 050	Extender Benefit (Virtual GP consults)	-

Fedhealth FlexiFED 3 Grid/ Elect	R306 R270	R5 594 R5 630	Unlimited network GPs; basic dentistry
DHMS Essential Delta Core	(R10 098 contribution savings)	-	-

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth FlexiFED 2 Non-Network

Performance metrics		
	2020	Change '19 - '20
Number of principal members	9 909	+4 621
Number of beneficiaries	21 710	+10 122
Average age per beneficiary (years)	34.76	+2.46 yrs
Pensioner ratio	11.34%	-0.66 p.p.
Chronic prevalence	14.50%	+1.3 p.p.
Net healthcare result (R '000)	-R11 125	
Headline increase for 2022 (Principal)	7.1%	

¹Matched MSA using Flexible payment structure

Benefit overview	
<p>Hospital benefits</p> <ul style="list-style-type: none"> • Non-network • 100% IH specialist reimbursement rate • No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans) 	
<p>Chronic illness benefits</p> <ul style="list-style-type: none"> • Cover for PMB chronic conditions • Preferred Provider: (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment • Intermediary formulary with a 40% co-payment for non-formulary items 	
<p>Condition management</p> <ul style="list-style-type: none"> • Oncology limit of R311 900 per family (no access to specialised medicine or brachytherapy); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols • Renal dialysis limit R311 900 per family; DSP must be used to avoid a 40% co-payment 	
<p>Day-to-day benefits</p> <ul style="list-style-type: none"> • 1.1% MSA and Threshold benefit (which covers basic dentistry and network GP consultations once threshold level is reached) • Access to MediVault, R4 980 per year for a principal member, R11 832 per year for a PAC family structure 	

Advantages of moving to DHMS Essential Saver			
<ul style="list-style-type: none"> • Contributions are 11% more affordable (based on policies with one adult dependant and one child) • Richer oncology benefit with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFED 2 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs 			
Contributions	P	PAC	
Fedhealth FlexiFED 2	R3 049	R6 640	
DHMS Essential Saver	R2 770 <i>(Risk: R2 355)</i>	R5 958 <i>(Risk: R5 066)</i>	
Fedhealth FlexiFED 2	R2 670	R5 834	
DHMS Essential Core	R2 229	R4 796	
Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 2	R4 900 ¹	R0	Unlimited network GPs; basic dentistry
DHMS Essential Saver	R5 079	Extender Benefit <i>(Virtual GP consults)</i>	-
Fedhealth FlexiFED 2	R342	R4 558	Unlimited network GPs; basic dentistry
DHMS Essential Core	<i>(R4 251 contribution savings)</i>	-	-

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth FlexiFED 2 Network (Grid, Elect)

Performance metrics

	2020	Change '19 – '20
Number of principal members	4 440 (Grid) 265 (Elect)	-271 (Grid) New
Number of beneficiaries	9 752 (Grid) 575 (Elect)	-533 (Grid) New
Average age per beneficiary (years)	38.9 (Grid) 34.6 (Elect)	-0.1 yrs(Grid) New
Pensioner ratio	16.2% (Grid) 6.1% (Elect)	-8.7 p.p. (Grid) New
Chronic prevalence	17.7% (Grid) 14.0% (Elect)	+0.4 p.p. (Grid) New
Net healthcare result (R '000)		-R561 (Grid) -R740 (Elect)
Headline increase for 2022 (Principal)		7.2% (Grid) 7.3% (Elect)

Benefit overview

Hospital benefits

- Network options with a R13 000 co-payment for planned procedures outside the network
- Very restricted network of 26 hospitals nationwide on Elect
- 100% IH specialist reimbursement rate
- No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)

Chronic illness benefits

- Cover for PMB chronic conditions
- Preferred Provider (MediRite and Pharmacy Direct only) used to avoid a 40% co-payment
- Intermediary formulary with a 40% co-payment for non-formulary items

Condition management

- Oncology limit of R311 900 per family (no access to specialised medicine or brachytherapy); DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols
- Renal dialysis limit of R311 900 per family; DSP must be used to avoid a 40% co-payment

Day-to-day benefits

- 1.1% MSA and Threshold benefit (which covers basic dentistry and network GP consultations once threshold level is reached)
- Access to MediVault, R4 980 per year for a principal member, R11 832 per year for a PAC family structure

Advantages of moving to DHMS Essential Delta Saver

- **Risk contributions are 19% more affordable** (based on policies with one adult dependant and one child) compared to the Grid option
- **Richer oncology benefit** with a R200 000 threshold per beneficiary (no limit). Access to full SAOC guidelines. No network restrictions. Oncology benefits on FlexiFED 2 are limited to tier 1 treatment protocols with a Rand value per family and no benefit for specialised drugs including biologic drugs unless PMBs

Contributions	P	PAC
Fedhealth FlexiFED 2 Grid	R2 685	R5 863
FlexiFED 2 Elect	R2 315	R5 059
DHMS Essential Delta Saver	R2 209 <i>(Risk: R1 878)</i>	R4 764 <i>(Risk: R4 050)</i>

Fedhealth FlexiFED 2 Grid	R2 373	R5 190
FlexiFED 2 Elect	R1 998	R4 377
DHMS Essential Delta Core	R1 781	R3 836

Principal member	MSA	SPG	ATB
Fedhealth FlexiFED 2 Grid/ Elect	R4 050 ¹	R850	Unlimited network GPs; basic dentistry
DHMS Essential Delta Saver	R4 050	Extender Benefit (Virtual GP consults)	-

Fedhealth FlexiFED 2 Grid/Elect	R306 R249	R4 594 R4 651	Unlimited network GPs; basic dentistry
DHMS Essential Delta Core	<i>(R6 225 contribution savings)</i>	-	-

¹Matched MSA using Flexible payment structure



Overview of Fedhealth FlexiFED 1 and FlexiFED 1 Elect

Performance metrics

	2020	Change '19 - '20
Number of principal members	22 654 2 547 (Elect)	+1 254 New
Number of beneficiaries	45 957 4 887 (Elect)	+1 423 New
Average age per beneficiary (years)	30.58 30.2 (Elect)	+0.18 yrs New
Pensioner ratio	5.05% 3.9% (Elect)	-1.65 p.p. New
Chronic prevalence	10.2% 6.4% (Elect)	+1.50 p.p. New
Net healthcare result (R '000)	+R92 598 +R12 581 (Elect)	
Headline increase for 2022 (Principal)	6.3% 6.3% (Elect)	

¹Matched MSA using Flexible payment structure

Benefit overview

Hospital benefits

- Network options with co-payments for planned procedures outside the network:
- FlexiFED 1: R7 300
- FlexiFED 1 Elect: R13 000
- 100% IH specialist reimbursement rate
- No overall annual limit but sub-limits and co-payments apply for certain treatments (e.g. mental health hospitalisation and MRI/CT scans)

Chronic illness benefits

- Cover for PMB chronic conditions
- Preferred Provider used to avoid a 40% co-payment:
- FlexiFED1: Clicks, MediRite and Pharmacy Direct only
- FlexiFED 1 Elect: MediRite and Pharmacy Direct only
- Basic formulary with a 40% co-payment for non-formulary items

Condition management

- PMB only cover for oncology; DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols
- PMB only cover for renal dialysis; DSP must be used to avoid a 40% co-payment

Day-to-day benefits

- 1.4% MSA and Threshold benefit (which covers preventative dentistry and network GP consultations once threshold level is reached)
- Access to MediVault, R3 744 per year for a principal member, R6 852 per year for a PAC family structure on FlexiFED 1

Advantages of moving to DHMS Essential Smart

- **Contributions are 13% more affordable** (based on policies with one adult dependant) compared to FlexiFED 1.
- **Provides unlimited GP consultations** (with a R115 co-payment per consultation) from the start of the year, FlexiFED 1 provides unlimited GP consultations only once the Benefit Maximizer threshold is reached
- Also provides access to optometry, dentistry and OTC medication benefit
- **Richer oncology benefit** with access to PMB and non-PMB level of care (FlexiFED 1 only covers PMB level of care with ICON as the DSP)

Contributions	P	PAC
Fedhealth FlexiFED 1	R1 901	R4 085
DHMS Essential Smart	R1 483	R4 449

Fedhealth: Technical analysis

Comparison to Discovery Health Medical Scheme



Overview of Fedhealth MyFED

Performance metrics		
	2020	Change '19 – '20
Number of principal members	3 998	-241
Number of beneficiaries	5 681	-482
Average age per beneficiary (years)	37.85	+1.45 yrs
Pensioner ratio	15.65%	-0.25 p.p.
Chronic prevalence	16.9%	+2.90 p.p.
Net healthcare result (R '000)	-R6 732	
Headline increase for 2022 (Principal)	7.7%	

Benefit overview

Hospital benefits

- Network option with a R13 000 co-payment for planned procedures outside the network
- 100% IH specialist reimbursement rate, limited to R2 500 per beneficiary per year for non-network GPs and specialists
- No overall annual limit but certain treatments are only covered at PMB level

Chronic illness benefits

- Cover for PMB chronic conditions
- Preferred Provider (Clicks, Dis-Chem, MediRite and Pharmacy Direct) used to avoid a 40% co-payment
- Basic formulary with a 40% co-payment for non-formulary items

Condition management

- PMB only cover for oncology; DSP must be used to avoid a 40% co-payment. Subject to level 1 treatment protocols
- PMB only cover for renal dialysis; DSP must be used to avoid a 40% co-payment.

Day-to-day benefits

- Unlimited GP consultations, using a maximum of 2 network GPs
- 2 specialist consultations subject to a limit of R2 000 per family and subject to GP referral

Advantages of moving to DHMS KeyCare Plus

- **Greater flexibility on GP visits** - MyFED members have cover for 2 out-of-network visits per beneficiary (KeyCare Plus covers 4 visits per beneficiary). MyFED members subject to utilisation monitoring after 10 visits
- **Richer cover for OH specialist visits** in network – limit of R4 730 per beneficiary on KeyCare Plus vs MyFED limit of R2 000 per family
- **Richer maternity benefit** (e.g. cover for 8 antenatal consultations, 2 visits at a GP, paediatrician or ENT, 2 2D ultrasound scans, 5 antenatal classes. Only Ultrasound benefit on MyFED)

Contributions	P	PAC
Fedhealth MyFED		
R0 – R6 251	R1 275	R3 093
R6 252 – R8 550	R1 301	R3 203
R8 551 – R10 219	R1 552	R3 659
R10 220 – R12 622	R2 176	R4 910
R12 623 – R14 426	R2 765	R6 125
R14 427+	R3750	R8 595
DHMS KeyCare Plus		
R0 – R8 550	R1 279	R3 022
R8 551 – R13 800	R1 758	R4 011
R13 800+	R2 595	R5 885
DHMS KeyCare Start		
R0 – R9150	R 968	R2 519
R9 151 – R13 800	R1 629	R3 895
R13 801+	R2 536	R5 760

Fedhealth MyFED vs DHMS KeyCare plan series

Key benefit differences



Contributions

- Fedhealth MyFED is 24% more expensive than KeyCare Start for individuals at the lowest income band
- Fedhealth MyFED is more expensive than KeyCare Plus for families across all income bands

Benefits

- Richer day-to-day benefits on DHMS KeyCare Plus
 - 4 out-of-network GP visits covered on DHMS KeyCare Plus, 2 visits covered on Fedhealth MyFED
 - The out-of-hospital specialist benefit limit is R4,730 per beneficiary on DHMS KeyCare Plus, and R2,000 per family on Fedhealth MyFED
 - DHMS KeyCare Start and KeyCare Plus provides cover for cataract surgery, no cover provided on Fedhealth MyFED
 - DHMS KeyCare Start and KeyCare Plus provide cover for dental consultations and fillings, no cover provided for these on Fedhealth MyFED
 - Maternity benefit on DHMS KeyCare Start and KeyCare Plus provides cover for 8 antenatal consultations, 2 2D ultrasound scans, 5 pre and post-natal classes, and 2 GP and specialist consultations post birth. Fedhealth MyFED provides PMB level of care
- Similar levels of in-hospital cover across plans
- Similar level of cover for chronic conditions, oncology treatment and renal dialysis

Benefit	MyFED	DHMS KeyCare Start	DHMS KeyCare Plus
COVER FOR DAY-TO-DAY BENEFITS			
GP consultations / procedures	<ul style="list-style-type: none"> DSP: Unlimited cover through chosen GP, utilisation monitoring after 10th GP visit Non-DSP: Limit of 2 out-of-network visits per beneficiary each year 	<ul style="list-style-type: none"> DSP: Unlimited cover through chosen KeyCare Start GP. Pre-auth is required after 15th GP visit Non-DSP: Limit of 2 out-of-network visits per beneficiary each year 	<ul style="list-style-type: none"> DSP: Unlimited cover through chosen KeyCare GP. Pre-auth is required after 15th GP visit Non-DSP: Limit of 4 out-of-network visits per beneficiary each year
Specialist reimbursement rate out-of-hospital	<ul style="list-style-type: none"> 2 private specialist visits covered up to a limit of R2,000 per family per year, if referred by chosen GP 	<ul style="list-style-type: none"> 2 private specialist visits covered up to a limit of R2,370 per beneficiary, if referred by chosen KeyCare Start Network GP 	<ul style="list-style-type: none"> Private specialist cover up to a limit of R4,730 per beneficiary if referred by GP.
Casualty visits	<ul style="list-style-type: none"> Unlimited at 100% of Fedhealth rate. Co-payment of R660 per visit for non-PMBS 	<ul style="list-style-type: none"> After-hours care at selected KeyCare Start GP 	<ul style="list-style-type: none"> Cover for 1 visit in any casualty unit at one of the KeyCare network hospitals. First R425 of the consultation covered by member. Subject to pre-authorisation
Optometry	<ul style="list-style-type: none"> 1 eye test and 1 pair of glasses as per formulary per beneficiary every 2 years 	<ul style="list-style-type: none"> 1 eye test and 1 pair of glasses as per formulary per beneficiary every 2 years Cover for cataract surgery if treatment has been approved at a doctor and facility in the network. 	<ul style="list-style-type: none"> 1 eye test and 1 pair of glasses as per formulary per beneficiary every 2 years Cover for cataract surgery if treatment has been approved at a doctor and facility in the network.
Dentistry	<ul style="list-style-type: none"> Cover for tooth removal at a dentist in the dentist network 	<ul style="list-style-type: none"> Cover for consultations, fillings, tooth removals at a dentist in the dentist network. Limits apply. 	<ul style="list-style-type: none"> Cover for consultations, fillings, tooth removals at a dentist in the dentist network. Limits apply.
MRI and CT scans	<ul style="list-style-type: none"> Limited to Prescribed Minimum Benefits at State facilities 	<ul style="list-style-type: none"> Covered from the Specialist Benefit, up to a limit of R2,370 per beneficiary per year 	<ul style="list-style-type: none"> Covered from the Specialist Benefit, up to a limit of R4,730 per beneficiary per year
Maternity	<ul style="list-style-type: none"> Subject to PMB level of care 	<ul style="list-style-type: none"> 8 Antenatal consultations, prenatal screening (NIPT for high-risk pregnancies), 2 2D ultrasound scans, blood tests, 5 pre and post-natal classes, 2 GP and specialist consultations after birth, 1 flu vaccination, 1 dietician assessment, 2 mental healthcare consultations, 1 lactation consultation 	<ul style="list-style-type: none"> 8 Antenatal consultations, prenatal screening (NIPT for high-risk pregnancies), 2 2D ultrasound scans, blood tests, 5 pre and post-natal classes, 2 GP and specialist consultations after birth, 1 flu vaccination, 1 dietician assessment, 2 mental healthcare consultations, 1 lactation consultation

Benefit	MyFED	DHMS KeyCare Start	DHMS KeyCare Plus
COVER FOR HOSPITALISATION			
In-hospital cover	<ul style="list-style-type: none"> DSP: Unlimited cover in Fedhealth network <u>Non-DSP: R13,000 co-payment applies for voluntary use of a non-network hospital</u> 	<ul style="list-style-type: none"> DSP: Unlimited cover in your chosen KeyCare Start Network Hospital. <u>Non-DSP: No cover unless PMB</u> Defined list of procedures in a day surgery network. 	<ul style="list-style-type: none"> DSP: Unlimited cover in the KeyCare Plus hospital network Non-DSP: Up to 70% of the DHR in the Partial Cover Hospital Network. No cover in a non-network hospital unless PMB. Defined list of procedures in a day surgery network
High and intensive care	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit
Specialist accounts in hospital	<ul style="list-style-type: none"> Full cover for network specialists Up to 100% of Fedhealth rate for non-network specialists, limited to <u>R2,500</u> per beneficiary per year 	<ul style="list-style-type: none"> Full cover for specialists participating in a payment arrangement, or Up to 100% of Scheme Rate for non-participating specialists 	<ul style="list-style-type: none"> Full cover for specialists participating in a payment arrangement, or Up to 100% of Scheme Rate for non-participating specialists
MRI and CT scans	<ul style="list-style-type: none"> 100% of the Fedhealth rate in the DSP 	<ul style="list-style-type: none"> 100% of DHR in the DSP 	<ul style="list-style-type: none"> 100% of the DHR in the DSP
Mental health	<ul style="list-style-type: none"> <u>Limited to Prescribed Minimum Benefits</u> subject to using the DSP 	<ul style="list-style-type: none"> 21 days in-hospital. Covered in full at a network facility. 	<ul style="list-style-type: none"> 21 days in-hospital. Covered in full at a network facility.
HIV-related admissions	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit
Neonatal intensive care	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit 	<ul style="list-style-type: none"> No limit

Benefit	MyFED	DHMS KeyCare Start	DHMS KeyCare Plus
COVER FOR ONCOLOGY AND RENAL DIALYSIS			
Oncology	<ul style="list-style-type: none"> Cover for PMBs with an <u>allocated DSP</u> 	<ul style="list-style-type: none"> Treatment covered in a <u>state facility</u> 	<ul style="list-style-type: none"> Cover for PMBs with an <u>allocated DSP</u>.
Renal dialysis	<ul style="list-style-type: none"> Cover for PMBs with an <u>allocated DSP</u> 	<ul style="list-style-type: none"> Treatment covered in a <u>state facility</u> 	<ul style="list-style-type: none"> Unlimited cover if approved and in the <u>KeyCare Renal Dialysis Network</u>
COVER FOR CHRONIC			
Chronic	<ul style="list-style-type: none"> PMB conditions and DTPMB conditions Full cover for treatment through a formulary only in DSP 	<ul style="list-style-type: none"> Chronic medicine covered in a state facility CDL PMB basket through KeyCare Start hub 	<ul style="list-style-type: none"> PMB conditions and DTPMB conditions Full cover for treatment through a formulary only in DSP Selected KeyCare GP must dispense approved chronic medicine or approved medicine can be dispensed from network pharmacies