

# 2024 CONTRIBUTION RATES

"80 years of combined trusted service to our members"

Subject to CMS Benefits Approva



#### 01 Comprehensive Pla

- Titanium Executive (9.5% increase)
- Platinum Enhanced including EDO (9.5% increase)

### 02 Comprehensive Traditional Plan

• Plus (9.5% increase)

#### **03 Traditional Plan**

- Value including the EDO (13% increase)
- Gold Ascend (8.5% increase)

### **04 New Generation Plan (Savings)**

• Access Saver (8.5% increase)

#### 05 Hospital Plan

• Access Core (13% increase)

#### 06 Income Banded Plan

 Essential Copper (12% increase)

## 01Comprehensive Plans

- Medical savings account (MSA) Self payment gap (SPG) and Above threshold benefit (ATB)
- Unlimited Hospital Cover
- Additional non PMB conditions covered

# **Titanium Executive**

	Main	Adult	Child
Risk	R 6 663,08	R 5 858,25	R 1 363,28
Savings	R 1 752,00	R 1 587,75	R 355,88
Total	R 8 415,08	R 7 446,00	R 1 719,15



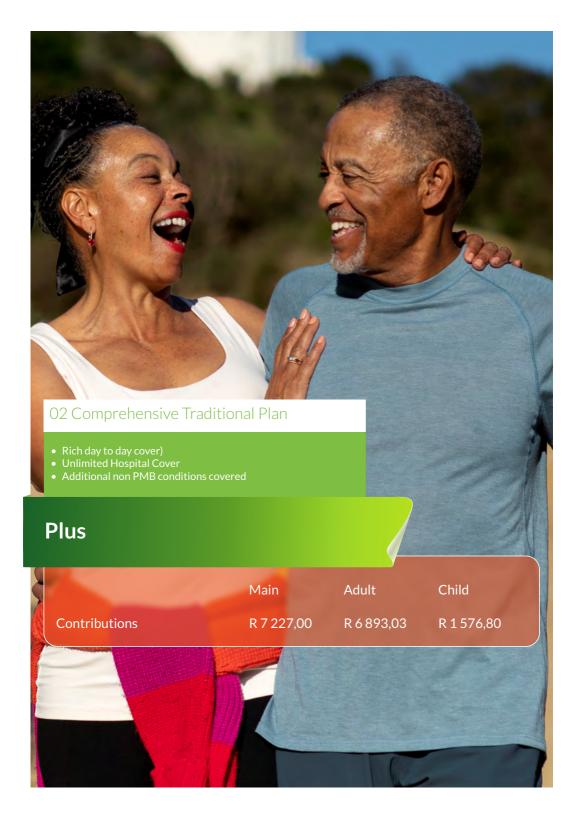
- Medical savings account (MSA) Self payment gap (SPG) and Above threshold benefit (ATB)
- Unlimited Hospital Cover
- Additional non PMB conditions covered

## **Platinum Enhanced Plan**

		Main	Adult	Child
	Risk	R 3 679,53	R 3 520,43	R 1 023,83
k	Savings	R 1 067,63	R 936,23	R 273,75
	Total	R 4 746,83	R 4456,65	R 1 297,58

# **Platinum Enhanced EDO Plan**

	Main	Adult	Child
Risk	R 3 498,53	R 3 350,70	R 892,43
Savings	R 1 012,88	R 969,08	R 257,33
Total	R 4 511,40	R 4 511,40	R 1 149,75



## 03 Traditional Plan

- Sufficient cover for families
- Network Hospitals Cover for the EDO
  Unlimited GP cover in the network

# Value

Contributions	Main R 4 401, 35	Adult R 4 226,20	Child R 1 175,20
Value Core			2
S.	Main	Adult	Child
Contributions	R 4 05 1,05	R 3 887,20	R 1 079,15
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- Network Hospitals Cover for the EDO
  Unlimited GP cover within a designated service provider

# **Gold Ascend**

1	Main	Adult	Child
Contributions	R 3 417,75	R 3 282,13	R 943,95
	1		
Gold Ascend EDO			
	Main	Adult	Child
Contributions	R 3 249,58	R 3 119,38	R 895,13

## 04 New Generation Plan (Savings)

- MSA for your day-to-day cover
  Unlimited Hospital Cover
  Optical benefit covered from risk

## **Access Saver**

	Main	Adult	Child	
Risk	R 2 321,90	R 2 001,83	R 466,55	
Savings	R 770,35	R 667,28	R 151,90	
Total	R 3 092,25	R 2669,10	R 618,45	

## 05 Hospital Plan

- A blend of Silver Hospital Plan and Access 15
  Unlimited Hospital Cover within a DSP network

## **Access Core**

	Main	Adult	Child	
Contributions	R 2 418,20	R 2 084,85	R 485,90	
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## 06 Income Banded Plan

- Unlimited Hospital Cover within a DSP network
- Unlimited GP cover within a designated service provider network
- Introduction of non PMB benefit out of hospital, for Radiology (100% benefit increase), Pathology (100% benefit increase) and Acute Medicine (27.5% benefit increase)

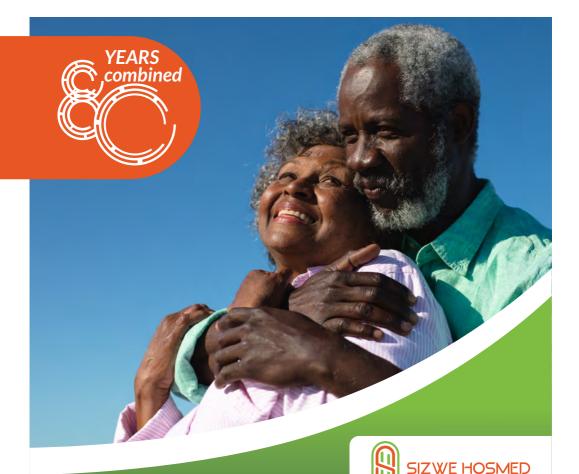
## **Essential Copper**

	Income Band	Main	Adult	Child
Contributions	0 - 8 500	R 1 870,40	R 1 870,40	R 649,60
Contributions	8501 - 13000	R 2 240,00	R 2 240,00	R 828,80
Contributions	13001+	R 2 839,20	R 2 839,20	R 845,60





# THANK YOU FOR TRUSTING US FOR 80 YEARS



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MEDICALSCHEME

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