These are the cheapest and most expensive medical aids in South Africa

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The latest GTC (formerly Grant Thornton Capital) Medical Aid Survey for 2018 has been released, which compares local medical aid schemes on cost to members across various levels of cover.

South Africa's medical aid industry is facing an uncertain time ahead with government recently pushing through two new healthcare bills that are set to shake up the entire system ahead of the launch of the National Healthcare Insurance (NHI) scheme.

According to GTC, there are still many lingering questions that need to be answered in term of government's plans – with many risks in the proposed changes that could lead to higher costs for consumers who rely of private healthcare.

"The NHI and amendments to the Medical Schemes Bill are inevitable. The disparity between the have's (some eight million members) and the have-not's (some 45 million) is real and needs addressing. Government intervention is urgently required," it said.

"It is however equally important to not break that which is already working."

"One of the main risks that we anticipate developing from these changes, is that medical aids will be forced to take on too much risk for their appetite, resulting in increased premiums, which are ultimately negative for members," it said.

"While the government is attempting to make healthcare fairer for everyone, it should take care not to make private healthcare unaffordable for the lower-earning members – forcing them to abandon their private healthcare cover and revert to state cover, at a time when the government institutions are not in a position to accommodate more patients in its system."

Cost of medical aids in South Africa

For its 2018 review, GTC screened 22 medical aids (21 open and 1 closed scheme – Profmed) offering 272 plans.

The rankings in the GTC Medical Aid Survey are based on the concept of a total cost or a risk rating for each medical aid plan.

This **risk rating** is derived from a risk premium, which represents the premium paid monthly minus the allocation to what is known as the ‘savings’ or out-of-hospital account.

“This approach removes any differences in personal circumstances, priorities or behaviours that may influence an individual’ eventual healthcare costs,” the group said.

The savings have not totally been discarded, however, and have been included in a separate column in the tables below (where applicable).

The comprehensive plans reflect the **complete costs** associated with comprehensive plans, reflecting the **total annual premium which a member is liable**for in a year.

These plans typically have an unlimited Above Threshold Benefit or an unlimited additional or secondary out-of-hospital benefit account or ‘savings’ account. They offer members in- and out-of-hospital benefits.

Members’ claiming patterns, which may be in excess of the scheme rate, and therefore enhance or seemingly increase the Self-Payment Gap, and by extension the complete costs, were not taken into account, GTC said.

The plan categories include:

- **Entry Level** (in and out-of-hospital benefits within very defined networks and formularies),
- **Hospital Only** (in-hospital cover only),
- **Saver** (out-of-hospital provided by benefits or savings account),
- **Saver Plus** (two separate savings accounts, separated by a self-payment gap) and
- **Comprehensive** (unlimited above threshold benefit)

The full report also includes core and student entry level schemes as well as traditional schemes. It also includes the schemes that are for state-hospital-only cover. These have not been included in the tables below.

These are the top and bottom 5 medical aids in each category, for a **single member**.

Salary-banded schemes (i.e. prices vary depending on a member's specific income) show the salary band in parenthesis.