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RESEARCH ARTICLE

ISRAEL'S FOUR HEALTH FUNDS AND THEIR SUPPLEMENTAL INSURANCE (SHABAN) A REVISED COMPARATIVE ACADEMIC REVIEW OF MEMBERSHIP, BENEFITS, TECHNOLOGY, FINANCIAL PERFORMANCE AND SERVICE INDICATORS, 2024-2026

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Abstract

Israel's National Health Insurance system is built around four competing non-profit health funds: Clalit, Maccabi, Meuhedet and Leumit. These organizations function simultaneously as public-service delivery platforms, purchaser-provider networks, insurers for the statutory benefits basket and sellers of voluntary supplemental health services known in Hebrew as SHABAN. This revised article compares the four funds across market size, demographic and membership flows, SHABAN architecture, digital-health capacity, financial position, public complaint indicators and relative domain strengths. In response to peer-review requests, the article explicitly establishes the research gap, anchors the analysis in health-system performance and regulated-competition literature, explains why public indicators can provide meaningful but incomplete evidence, and presents a transparent inclusion and scoring framework. The analysis uses official 2024 membership data from the National Insurance Institute, Ministry of Health financial and regulatory reports, the Ministry of Health public-complaints report, official health-fund plan descriptions and selected comparative healthcare literature. The results show that no single fund is objectively superior for every resident. Clalit dominates scale and integrated delivery capacity; Maccabi performs strongly on competitive attraction, financial indicators and consumer-facing digital services; Meuhedet shows the highest growth rate and a family-oriented supplemental-insurance proposition; and Leumit records the lowest public-complaint rate and offers a clear compact premium supplemental structure. The final ranking is therefore domain-specific rather than absolute.

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Introduction:-

Research Gap and Contribution:-

Many countries attempt to balance universal coverage, cost control, patient choice and organizational accountability. Israel is a distinctive case because universal statutory coverage is delivered through four competing non-profit health funds rather than through one national payer or fully commercial insurers. Each resident must belong to one fund, and the funds compete under public regulation, capitation financing and a legally uniform statutory basket. At the

same time, the funds sell voluntary supplemental plans, SHABAN, that influence perceived access, choice and household value.

The comparative healthcare literature contains extensive work on health-system performance, managed competition, patient choice, primary-care strength, insurer competition and provider competition. International comparisons often examine countries as units of analysis, while managed-competition studies frequently focus on the Netherlands, Switzerland, Germany or provider competition in European systems [16]-[24]. By contrast, there is less accessible academic synthesis comparing the four Israeli health funds side by side across membership dynamics, SHABAN design, digital services, financial sustainability and public complaints using only public official indicators.

The research gap addressed here is therefore practical and academic: residents, administrators and policymakers can access separate official reports, but these reports do not by themselves provide a single transparent comparative framework for the four funds. This article contributes by integrating public indicators into a structured, domain-specific scorecard, while making explicit the limits of any ranking based on secondary public data. The aim is not to produce individual insurance advice or clinical-quality measurement, but to provide a reproducible comparative policy review.

Literature Context and Theoretical Framework:-

Health-system performance and quality evaluation:-

Health-system performance frameworks generally emphasize multiple goals rather than a single outcome. The WHO performance approach highlighted population health, responsiveness and fairness in financing [16]. OECD comparative indicators similarly combine health status, risk factors, access, quality, health spending and system resources [22]. Donabedian's structure-process-outcome model provides a useful logic for interpreting organizational indicators: infrastructure and finance are structural signals; transfers, digital access and administrative processes are process signals; and clinical outcomes would be outcome signals, although comparable patient-level outcomes are outside this article's public-data scope [17]. This distinction is essential. The present article does not claim to measure mortality, morbidity, quality-adjusted outcomes, waiting times or clinical effectiveness. Instead, it compares public organizational indicators that may influence access, friction and perceived value. Such indicators are meaningful for accountability but must be interpreted cautiously.

Regulated competition, patient choice and insurer performance:-

Managed or regulated competition theory argues that consumer choice among health plans can create incentives for quality and economy when the system includes risk adjustment, public rules, standardized entitlements and reliable information [18], [19]. The Dutch experience shows both the promise and the difficulty of purchaser competition: competition can encourage efficiency, but its effectiveness depends on risk equalization, product classification and transparent performance indicators [20], [21]. European discussions of competition also stress that competition and patient choice can operate on price, quality, timeliness, innovation and other patient-relevant dimensions, and that these objectives may conflict [21].

Israel's health-fund model resembles regulated competition more than ordinary private insurance. Funds cannot simply select low-risk members for the statutory basket, the basic entitlement is uniform, and core financing is publicly structured through capitation. Therefore, membership switching, new immigrant enrollment, complaint rates, financial stability and supplemental-plan design can be interpreted as indicators of competitive performance and organizational positioning, not as proof that one fund produces better clinical outcomes for every resident.

Why public indicators alone can still be useful:-

Public indicators are incomplete. They do not capture proprietary satisfaction surveys, local appointment waiting times, detailed claims experience, actual SHABAN utilization, patient-reported outcomes or clinical quality. Nevertheless, public indicators have three strengths. First, they are official and reproducible. Second, they cover all four funds in a comparable national framework. Third, they reflect aspects of performance that matter for policy and consumer experience: market share, switching, age and capitation profile, financial sustainability, public complaints and visible service architecture. The article therefore uses public indicators as signals of organizational performance and service-market position. Conflicting indicators are not forced into a hidden aggregate ranking. Instead, the article reports domain winners, explains why a domain matters and states when a conclusion is conditional.

Data, Inclusion Criteria and Evaluation Procedure:-

This article is a comparative policy and service-market review based on secondary public sources. The analysis does not use patient-level clinical outcomes, proprietary satisfaction surveys or non-public claims data. Because SHABAN plans include waiting periods, co-payments, provider lists, exclusions, ceilings and periodic regulatory updates, the comparison should be read as a structured academic overview rather than individual insurance advice. The binding source for any member is the current plan statute and official price list approved by the Ministry of Health.

The core quantitative data are: registered members in November 2024; new insured persons and transfers between health funds during 2024; average insured persons and standardized capitated lives for 2024; capitation allocation shares; operating and financial indicators; and public complaints per 10,000 insured persons. Product and technology descriptions are drawn from official fund webpages and public digital-service descriptions available in 2024-2026.

Population and transitions: National Insurance Institute, Membership in Health Funds 2024 [1].

Financial and operating data: Ministry of Health, Summary Report on HMO Activity 2024 [2].

Complaints: Ministry of Health, Public Complaints Commissioner Annual Report 2024 [3].

SHABAN and digital services: official health-fund webpages [4]-[15].

Comparative healthcare theory and international performance literature: WHO, OECD, Donabedian, Enthoven, Dutch managed-competition studies and European competition literature [16]-[24].

Inclusion and exclusion criteria for public indicators:-

An indicator was included when it satisfied all or most of the following criteria: (a) it was published by an official public body or by the health fund itself; (b) it applied to all four funds or could be compared across funds; (c) it referred to the same annual or near-annual period; (d) it was relevant to one of the article's domains - membership, competition, demography, SHABAN, digital services, finance or complaints; and (e) it could be interpreted without proprietary assumptions. Indicators were excluded when they were anecdotal, local-only, based on non-representative media rankings, not current for 2024-2026, or not comparable across all four funds.

Reconciling conflicting measures:-

The analysis separates passive growth from active choice. Births and age structure are treated as demographic demand indicators, while switching is treated as a stronger signal of active consumer choice. Financial measures are read hierarchically: adjusted operating result and audited surplus/deficit are interpreted first; net assets, cash days and SHABAN result are supporting indicators. Complaint rates per 10,000 insured persons are preferred over absolute complaint counts because they adjust for fund size. SHABAN and digital-service comparisons are not treated as purely quantitative because public plan descriptions differ in transparency and detail.

Scoring and weighting framework:-

The following framework was used to translate mixed evidence into a cautious overall judgement. The weights are analytical weights, not actuarial weights, and they are designed for a broad urban resident and policy-reader profile. A different resident profile - for example, a rural resident, a family needing a specific pediatric specialist or an older adult with a particular surgeon preference - could rationally weight the domains differently.

Table 1. Transparent evidence-weighting framework used for the cautious overall judgement.

Domain	Weight in cautious overall judgement	Evaluation procedure	Best public-data signal in 2024
Competitive attraction and membership dynamics	20%	Separate active switching from passive growth. Net switching receives the highest weight inside this domain; new immigrants and average-member growth are secondary indicators.	Maccabi leads net switching and new immigrants; Meuhedet leads average-member growth.
Financial sustainability	20%	Use adjusted operating result and audited surplus/deficit first; net	Maccabi has the strongest broad financial profile.

		assets, cash days and SHABAN result are supporting indicators.	
Service friction and complaints	15%	Use complaint rates per 10,000 insured persons rather than absolute complaint counts; lower rate is better. Domain-specific rates are interpreted as friction signals, not clinical outcomes.	Leumit has the lowest total complaint rate and several lowest domain rates.
SHABAN breadth, transparency and likely practical value	15%	Compare standardized benefit domains rather than marketing names. Value is assessed by benefit breadth, explicit ceilings/rules, and fit to member profiles.	No universal winner; Maccabi is broad, Leumit is clear on surgery/consultation/pregnancy, and Meuhedet is family-oriented.
Digital maturity and remote-service quality	15%	Assess accessibility, usability, reliability/resilience and patient engagement from public service descriptions; avoid claims requiring proprietary usage or uptime data.	Maccabi leads consumer navigation evidence; Clalit has strongest population-data scale.
Scale and integrated delivery capacity	10%	Use membership share, standardized lives, capitation share and unique integrated delivery assets.	Clalit leads strongly.
Demographic growth and resilience context	5%	Interpret births, immigration, age profile and growth as demand-shaping factors rather than quality rankings.	Meuhedet is strongest on growth rate; Clalit dominates absolute births and scale.

For transparency, an indicative public-data score is shown below. It is not a clinical-quality score and should not be read as a definitive ranking. It simply documents how the article's cautious overall judgement was derived from the available public indicators.

Table 2. Indicative evidence-weighted public-data scorecard. Scores are heuristic and conditional, not clinical quality rankings.

Fund	Market/choice 20	Financia 120	Complaints 15	SHABAN 15	Digital 15	Scale 10	Demography 5	Indicative total /100
Clalit	8	7	4	10	12	10	4	55
Maccabi	20	20	9	13	15	7	4	88
Meuhedet	14	12	7	12	10	5	5	65
Leumit	5	7	15	12	9	3	2	53

System Background: Universal Coverage, Competition and Capitation:-

The National Health Insurance Law created a universal framework in which every Israeli resident belongs to one of four health funds and receives a statutory basket of health services. The funds compete for members, but they are not free to risk-select: movement between funds is permitted, and core financing is allocated by capitation rather than by

actuarial underwriting. The result is a hybrid model: universal public coverage, regulated non-profit insurers, consumer choice among funds, and voluntary SHABAN layers that add non-basket and access-related benefits. Two distinctions are critical. First, the statutory basket is legally uniform, meaning the basic entitlement does not differ by fund. In practice, however, access, provider networks, digital tools, administrative efficiency and local availability may differ. Second, SHABAN is not private commercial insurance in the usual sense; it is a regulated supplemental plan sold by the health funds, and by law funds must accept applicants into SHABAN regardless of age or medical condition, subject to plan rules and waiting periods.

Market Structure and Membership Scale:-

Clalit remains the structurally dominant health fund. In November 2024, it insured about 4.91 million residents, roughly half of the market. Maccabi was second with about 2.67 million members, followed by Meuhedet with about 1.36 million and Leumit with about 0.73 million. Average 2024 membership and standardized capitated lives show a similar pattern, although the standardized measure gives greater weight to age and need-related cost differences.

Table 3. Market size and capitation indicators by health fund, 2024.

Fund	Registered members, Nov. 2024	Share of members	Average insureds 2024, thousands	Standardized lives 2024, thousands	Average-member growth	Capitation share
Clalit	4,914,743	50.8%	4,874	5,382	1.0%	52.19%
Maccabi	2,673,024	27.6%	2,628	2,875	1.6%	27.88%
Meuhedet	1,361,921	14.1%	1,338	1,297	2.2%	12.58%
Leumit	730,126	7.5%	724	759	1.0%	7.36%

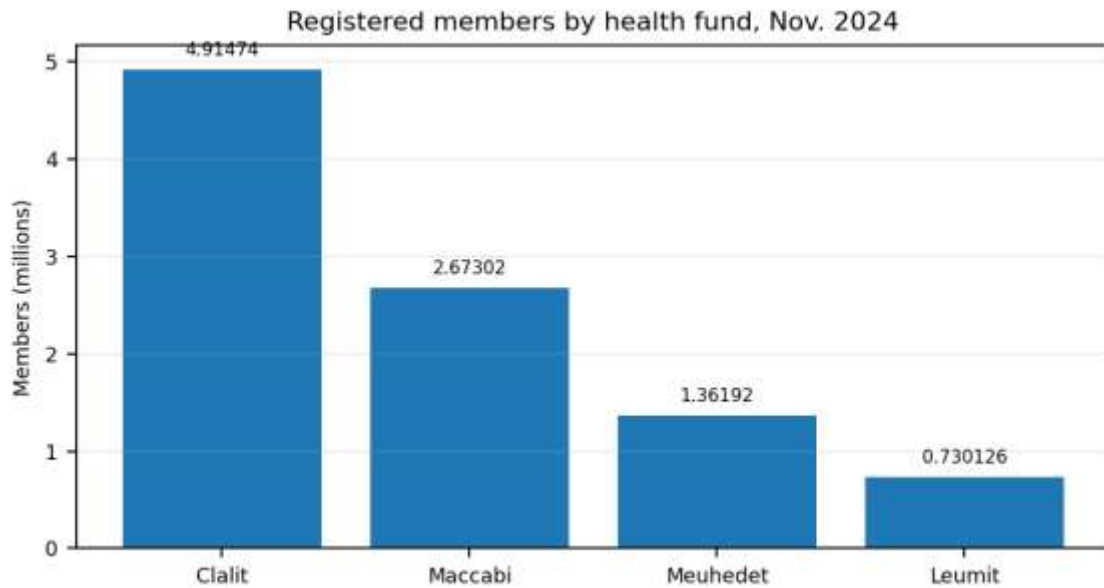


Figure 1. Registered membership by fund, November 2024. Source: National Insurance Institute, 2024 membership report [1].

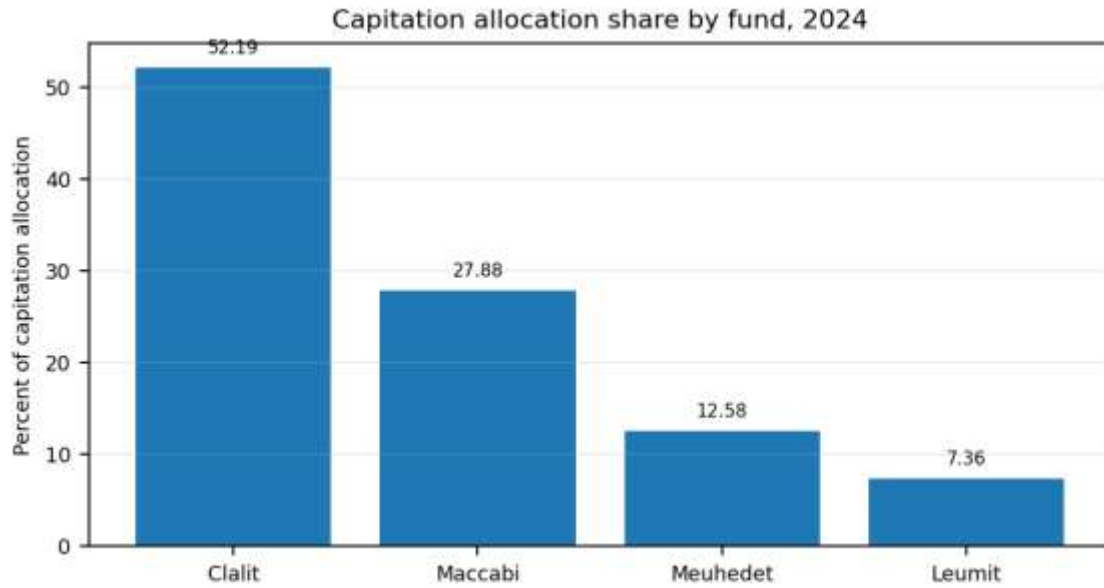


Figure 2. Capitation allocation share by fund, 2024. Source: Ministry of Health, HMO activity report 2024 [2].

Membership Growth, Demography, Utilization Context and Switching:-

In 2024, 301,862 persons were recorded as new insured persons. Clalit had the largest absolute number of new insured persons, mainly reflecting its large base and high number of births. Maccabi had the second largest number of new insured persons and the largest inflow of new immigrants. Meuhedet had the highest average-member growth rate in the Ministry of Health activity data. Fund transfers show a different competitive signal: Maccabi and Meuhedet gained net members through switching, while Clalit and Leumit recorded net losses through switching.

Table 4. New insured persons, newborns, immigrants and switching flows, 2024.

Fund	New insured persons	Newborns under age 1	New immigrants	Switching joiners	Switching leavers	Net switching
Clalit	133,470	88,025	20,126	57,393	68,203	-10,810
Maccabi	98,099	44,283	22,073	45,531	32,455	+13,076
Meuhedet	47,639	31,873	7,220	50,072	47,378	+2,694
Leumit	22,654	15,549	2,791	30,097	35,057	-4,960

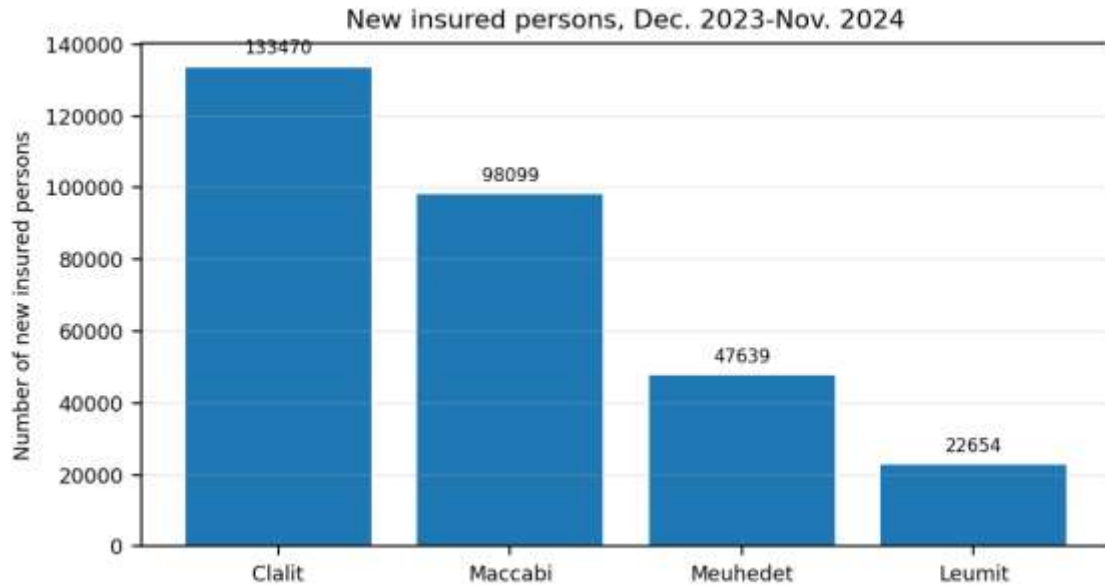


Figure 3. New insured persons, December 2023-November 2024. Source: National Insurance Institute [1].

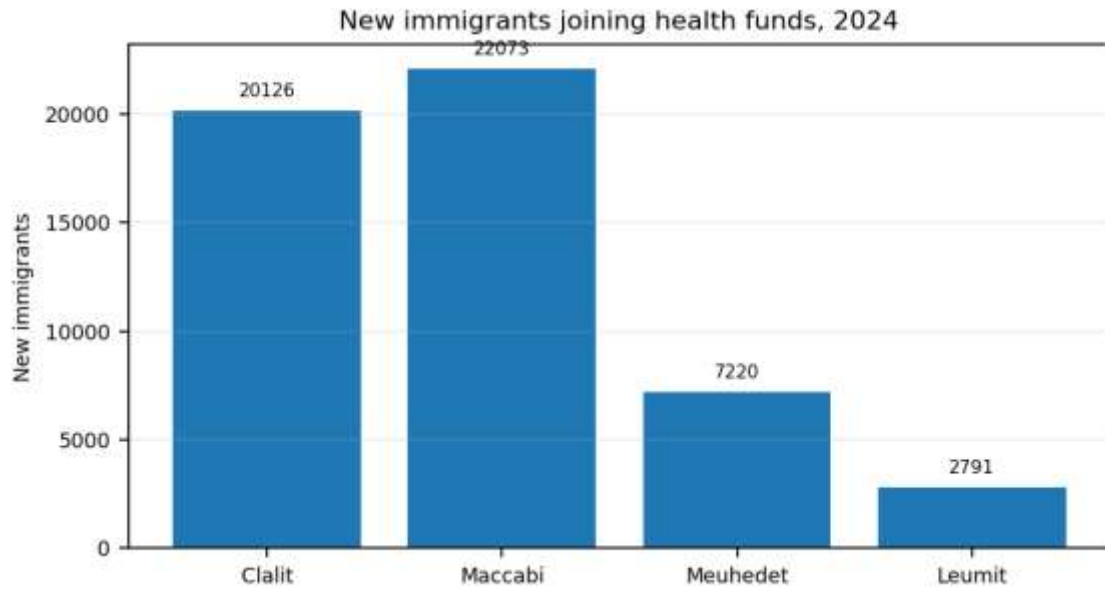


Figure 4. New immigrants joining health funds, 2024. Source: National Insurance Institute [1].

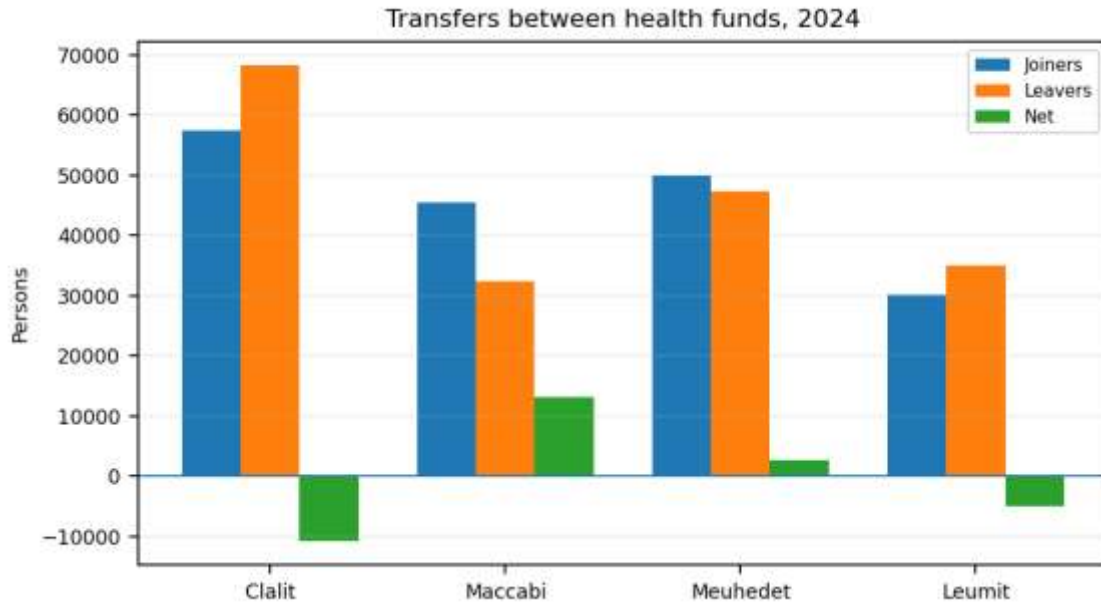


Figure 5. Transfers between health funds, 2024. Source: National Insurance Institute [1].

Interpretation of demographic factors:-

Demographic factors influence membership growth patterns independently of service quality. A fund with a large or younger family base will record more newborns. A fund with stronger presence in immigrant-receiving localities may attract more new immigrants. Age structure also affects standardized capitated lives because older members and high-need groups receive higher capitation weights. Therefore, raw membership growth is not equivalent to competitive success. This article treats births, immigration and age profile as demand-shaping variables and treats net switching as the clearer, though still imperfect, signal of active choice.

Growth trends also affect utilization and operational pressure. Pediatric growth increases demand for child-development, vaccination, family medicine and maternal services. Older-age concentration increases demand for chronic-disease management, specialist consultation, home care and pharmaceuticals. Immigration can increase demand for language access, administrative navigation and culturally adapted services. These broader utilization dynamics explain why membership data are analytically relevant even when they do not directly measure clinical quality.

Switching interpretation:-

The switching data are especially useful because they reflect active choice among existing members rather than births or population growth. On this indicator, Maccabi was the strongest competitive attractor in 2024, with a net transfer gain of 13,076 members. Meuhedet also gained through switching, with a net gain of 2,694. Clalit lost 10,810 members through transfers, while Leumit lost 4,960. These figures should not be interpreted as direct clinical-quality rankings; they may reflect geography, family migration, marketing, local physician availability, perceived service experience, digital experience and plan value.

SHABAN: Structure, Logic and Standardized Benefit Comparison:-

SHABAN, the Hebrew acronym for additional health services, is the major supplemental-insurance layer sold by the health funds. In general, SHABAN adds access-related and non-basket benefits: specialist consultations, private-surgery arrangements, selected medications or accessories outside the statutory basket, dental discounts, pregnancy packages, child-development services, complementary medicine, optics, diagnostic assessments, home services and other lifestyle or rehabilitation-related benefits. The content is not identical across funds, and the strength of a plan depends on the member profile: a young family, an older adult, a person seeking private surgery, and a person who primarily needs digital access may value different plans.

To address the reviewer request for a standardized supplemental-insurance framework, the analysis compares SHABAN plans by function rather than by plan name. The relevant question is not only which plan contains more benefits, but whether benefits are transparent, usable, locally accessible and cost-effective for the member's likely use pattern.

Table 5. Standardized framework for comparing SHABAN benefits.

Standardized dimension	Patient value question	Policy question	Evidence used in this article
Access to private surgery and specialist choice	Does the plan reduce waiting, expand choice, or enable a preferred surgeon/specialist?	Does supplemental access complement the public basket without creating excessive inequality?	Official plan descriptions for surgery, specialist consultation, facility choice and reimbursement rules.
Pregnancy, childbirth and fertility-related benefits	Are the benefits relevant to the member's life stage and large enough to justify premiums and co-payments?	Do benefits concentrate household spending on services outside the statutory basket?	Plan pages describing pregnancy packages, childbirth reimbursement and cumulative ceilings.
Children, child development, optics and dental care	Does the plan materially reduce recurring family expenses?	Does supplemental coverage compensate for gaps in non-basket services, or deepen socioeconomic differences in access?	Child optics, developmental services, psychological/ADHD services and dental benefit descriptions.
Complementary medicine and lifestyle benefits	Will the member actually use the benefit often enough to offset premiums and co-payments?	Are publicly regulated supplemental plans financing lower-priority services while core access problems remain?	Published treatment counts, reimbursement percentages and service lists where available.
Home, remote and administrative services	Does the plan reduce travel, time cost and administrative burden?	Do remote services increase resilience and continuity during crises, war or mobility limitations?	Official digital, home-care and hybrid-service descriptions, when explicitly linked to plan rules.
Transparency and comparability	Can an ordinary member understand exclusions, ceilings and provider lists before purchase?	Can regulators and researchers compare value across funds?	Clarity of public webpages, price lists, plan statutes and availability of comparable indicators.

Table 6. Main SHABAN tiers and core public offering profile by fund.

Fund	Main SHABAN tiers	Core offering profile	Analytical comment
Clalit	Mushlam Zahav / Mushlam Platinum	Large national base; Gold and Platinum tiers; broad service categories including specialist consultation, pregnancy, child development, complementary medicine, optics and dental discounts. Platinum is the higher tier and generally requires Gold as a base layer.	Official Clalit pages emphasize broad extra services beyond the statutory basket. Detailed English-page access was more limited during collection; therefore this comparison treats Clalit descriptions cautiously and uses official service-category pages where available.
Maccabi	Maccabi Zahav / Maccabi Sheli	Zahav: private surgery choice, second opinions, medication discounts, overseas surgery/transplants,	Strong documented breadth and clear consumer-facing presentation; Sheli is

		dental, complementary medicine, pregnancy/childbirth, child development, optics and emergency/ambulance-related benefits. Sheli: premium layer adding larger discounts or extra benefits such as complementary medicine up to 20 treatments per year, dental discounts, private surgery discounts, laser vision, diagnostics and other lifestyle benefits.	particularly strong for members who actively use non-basket benefits.
Meuhedet	Meuhedet Adif / Meuhedet Si	Adif: basic supplemental tier with surgery in Israel, specialist opinions, medication discounts, complementary medicine, dental emergency/first aid and child development. Si: expanded premium tier, including surgery abroad, home doctor/lab services, children's eyeglasses at a low co-payment, psychological therapy, ADHD diagnosis, aesthetic treatments, pregnancy/childbirth package and dental benefits.	A strong family-oriented proposition, especially because official materials highlight family enrollment and benefits for pregnancy, children, emotional care and dentistry.
Leumit	Leumit Silver / Leumit Gold	Silver: basic supplemental tier with added services beyond the basket. Gold: advanced tier with physician and facility choice, private surgeries with selected surgeon/hospital, specialist consultations, dental arrangements, night/weekend doctor visits, medication discounts, complementary medicine, orthopaedic devices, child development and pregnancy benefits.	Compact two-tier structure; strong documented benefits in surgery choice, consultation counts and pregnancy reimbursement ceilings.

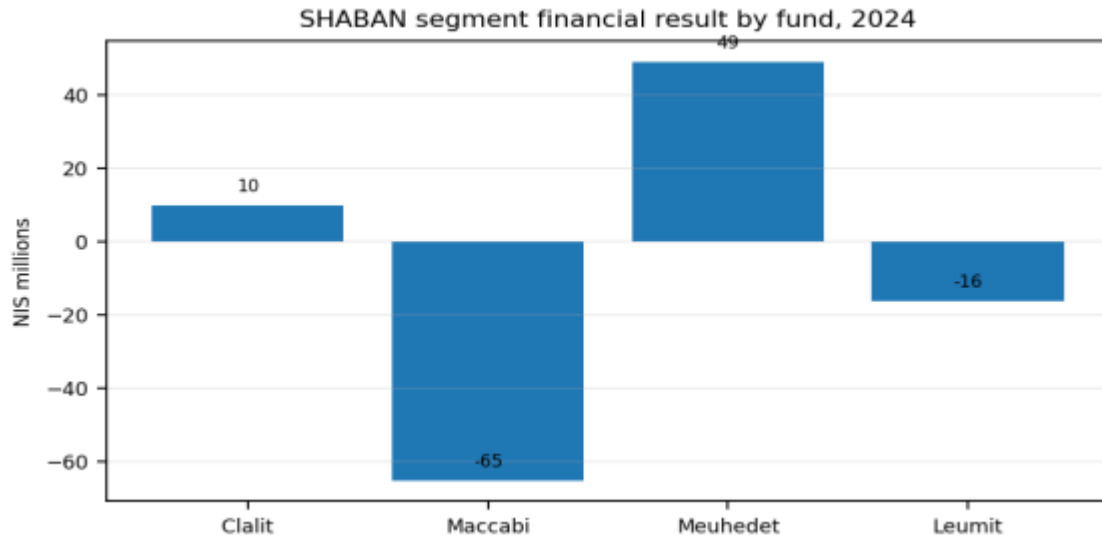


Figure 6. SHABAN segment financial result by health fund, 2024. Source: Ministry of Health, HMO activity report 2024 [2].

Domain-by-domain SHABAN comparison

Table 7. Domain-by-domain SHABAN comparison using standardized benefit categories.

Domain	Clalit	Maccabi	Meuhedet	Leumit	Comparative reading
Private surgery and choice of surgeon	Available through SHABAN pathways	Available; explicit public descriptions of surgery choice and second opinions	Available, including domestic and selected abroad pathways in higher tier	Available; explicit physician and facility choice in Gold	All funds provide some private-surgery or surgeon-choice pathway. Leumit and Maccabi provide especially explicit public descriptions, but exact patient value depends on waiting periods, co-payments and provider lists.
Pregnancy and childbirth	Pregnancy-related benefits in Mushlam tiers	Pregnancy and childbirth benefits in Zahav/Sheli	Substantial pregnancy and childbirth package in Si	High published pregnancy-benefit ceiling in Gold	Benefits are most valuable for members expecting to use them; policy value must be balanced

					against equity concerns and duplicate coverage.
Dental benefits	Dental discounts, especially in higher tier	Dental discounts and related benefits	Dental emergency/first aid and broader benefits in Si	Dental arrangements in Gold	Dental value is highly network- and treatment-specific; standardized monetary comparison requires price lists and actual treatment patterns.
Children, child development and optics	Child-development, optics and family benefits	Free glasses for children under 18 publicized in Zahav	Low co-payment children's glasses publicized in Si; child-development and family services	Child-development and pregnancy benefits in Gold	Maccabi and Meuhedet have especially clear child-optics messages; all funds list child-development benefits.
Complementary medicine	Available in supplemental tiers	Sheli clearly publicizes discount/reimbursement up to 20 annual treatments	Available in Adif/Si	Available in Gold	Maccabi has the clearest public treatment-count signal, but actual value depends on use frequency and provider network.
Home and remote services	Digital and clinic-request infrastructure	App and AI-based service navigation	Home doctor/lab and hybrid services emphasized	Online physician/pediatrician and app services	Remote services should be assessed as both convenience and resilience tools, especially during emergency or mobility-constrained periods.

Cost-benefit implications of SHABAN:-

From the patient perspective, the value of SHABAN depends on expected use. A young family may benefit from pregnancy, child-development, dental and optics benefits; an older adult may place more value on specialist consultation, surgery choice and home/remote services; and a digitally active adult may value fast authorization workflows more than rarely used lifestyle benefits. Premiums, waiting periods, co-payments and ceilings therefore matter as much as the headline list of benefits.

From the policy perspective, SHABAN can reduce household friction and provide regulated supplemental choice, but it can also create a two-layer experience inside a universal system. Strong supplemental coverage may ease access for paying members while increasing perceived inequality if core statutory access remains slow or geographically uneven. A transparent public comparison should therefore report both member-level utility and system-level equity concerns.

Fund-by-Fund Academic Profiles:-

Clalit:-

Clalit is the largest health fund and the only one with a major proprietary hospital network, which makes it structurally different from the other funds. Its size can be a strength in population-health management, bargaining, integrated care pathways and data-driven clinical programs. It also means that its complaint volume is high in absolute terms and that financial results may be affected by hospital-sector dynamics that are not comparable to the community-only activity of the other funds.

Strengths: scale, geographic spread, integrated delivery capacity, population-health data and potential for clinical AI applications.

Risks or weaknesses: higher complaint rate per 10,000 insured persons in 2024; complex system size; adjusted operating deficit in the Ministry of Health comparative report.

Maccabi:-

Maccabi is the second largest health fund and a strong competitor in member choice. It achieved the largest net switching gain in 2024 and had a strong financial position in both adjusted operating comparison and audited financial statements. Maccabi also presents one of the most mature consumer-facing digital ecosystems, including a modern app and an AI-based service assistant described in public materials.

Strengths: competitive attractiveness, financial position, digital-service experience, broad SHABAN product clarity.

Risks or weaknesses: complaint rates were not the lowest; Maccabi's SHABAN result was negative in 2024, suggesting benefit cost pressure or premium/pricing sensitivity.

Meuhedet:-

Meuhedet is the third largest fund and recorded the highest average-member growth rate in the Ministry of Health activity data. It also achieved a positive net transfer balance in 2024. Its public SHABAN materials emphasize family enrollment, pregnancy benefits, children's benefits, dentistry, emotional care and home services.

Strengths: growth momentum, family-oriented supplemental offering, positive net transfers, positive SHABAN segment result in 2024.

Risks or weaknesses: complaint rate was above Maccabi and Leumit in total and relatively high in basket-related complaints; accumulated net assets were negative in the financial-summary table.

Leumit:-

Leumit is the smallest fund by membership. Small scale can limit network density in some localities, but in public-complaint data Leumit performed best in 2024, with the lowest total complaint rate per 10,000 insured persons and low domain-specific complaint indicators. Its supplemental insurance is presented as a simple Silver/Gold structure with clearly described surgery, consultation and pregnancy benefits.

Strengths: lowest complaint rate, simple SHABAN structure, clear specialist-consultation rules and online physician service.

Risks or weaknesses: smallest market share, net transfer loss in 2024, low cash-day indicator and negative accumulated net assets in the financial-summary table.

Digital Health, AI and Technology Quality:-

Digital health is no longer a peripheral channel in Israel: it is part of the core service model. The funds use apps, online physician communication, digital prescriptions, lab-result portals, appointment scheduling, referrals, digital payment and authorization workflows, and increasingly AI-supported triage, navigation and risk identification. Because the funds do not publish a unified technology scorecard, the comparison below emphasizes publicly documented capabilities rather than proprietary performance metrics.

Table 8. Digital service quality evaluated by accessibility, usability, reliability and patient engagement.

Dimension	Operational definition for this article	Clalit	Maccabi	Meuhedet	Leumit
Accessibility	Ability to reach services without a branch visit, including appointments, referrals, prescriptions, results and remote physician contact.	Strong app and clinic-request infrastructure; scale supports broad access, but local complexity may vary.	Strong app-based access and navigation tools; clear consumer-facing service orientation.	Strong practical administration tools, appointment bot, digital member card and hybrid services.	Compact online physician/pediatrician access and app-based services.
Usability	Clarity of the interface, ease of finding services and simplicity of administrative workflows.	Broad functionality; usability can be affected by system complexity.	Best public evidence for consumer-facing navigation and AI service assistant.	Practical family and authorization workflows; good administrative usability.	Simple model and focused online access, potentially easier for straightforward use cases.
Reliability and continuity	Capacity to maintain service during routine load, emergency periods and remote-care needs.	Large integrated data and infrastructure base; resilience potential is high, but no comparable uptime data are public.	Strong digital maturity; no comparable uptime data are public.	Hybrid services may support continuity; no comparable uptime data are public.	Remote physician access supports continuity; smaller scale may limit network density.
Patient engagement	Capacity to encourage members to complete tasks, communicate with providers and manage care actively.	Population-health data potential and proactive risk initiatives.	Strong navigation and personalized service-finding orientation.	Family administration and home-test features support engagement.	Online consultation channels support engagement for focused needs.

Technology ranking: Clalit is strongest for clinical-data scale and AI potential; Maccabi is strongest for consumer-facing app navigation and AI-assisted service discovery; Meuhedet is strong for hybrid service workflows and family administration; Leumit is strong for simple remote physician access and focused online services. A fair final judgement depends on whether the user values clinical AI, app usability, physician chat/video access or fast administrative execution. The digital analysis is intentionally conservative. Public descriptions of an app or AI assistant do not prove uptime, completion rates, disability accessibility, language accessibility or user satisfaction. A stronger future study would require comparable usage statistics, accessibility audits, task-completion testing and patient-reported digital experience measures.

Financial Position and Sustainability:-

Financial comparison must distinguish between several measures: operating result after Ministry of Health comparability adjustments, audited financial-statement surplus/deficit, accumulated net assets, liquidity and cash days, and the effect of government support agreements. In 2024, the Ministry of Health comparative activity report showed an aggregate adjusted deficit of NIS 347 million, significantly smaller than the 2023 deficit. However, without government supports and one-off gains, all funds would have shown much larger deficits, which underlines the structural underfunding pressure in the system.

Table 9. Financial and SHABAN segment indicators by fund, 2024.

Fund	Adjusted operating result, NIS m	Audited surplus/deficit, NIS m	Net assets / accumulated deficit, NIS m	Cash days	SHABAN result, NIS m
Clalit	-542	-52	+595	25	+10
Maccabi	+189	+462	+2,684	6	-65
Meuhedet	+7	+201	-757	22	+49
Leumit	-2	+26	-1,120	2	-16

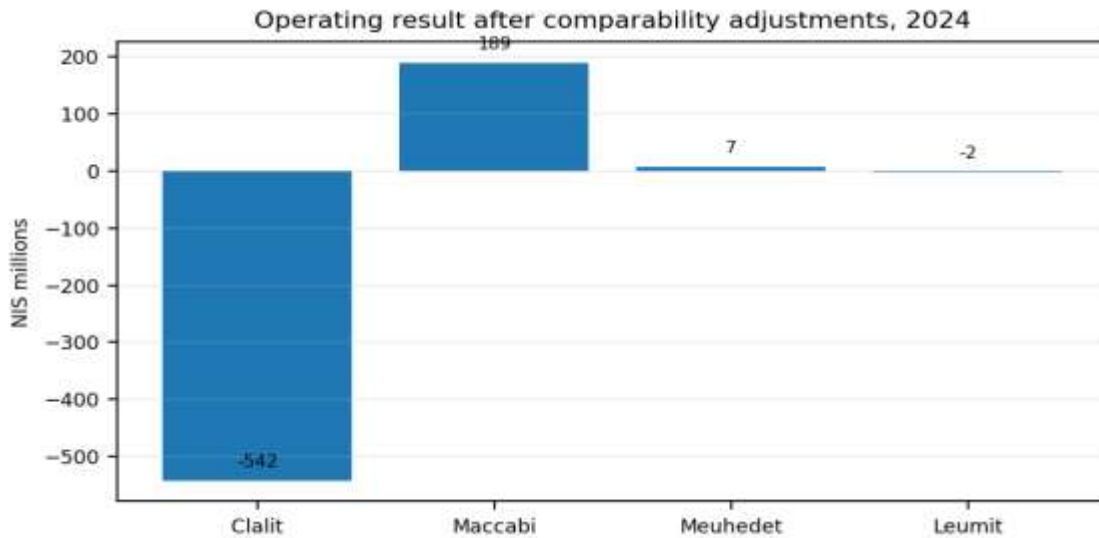


Figure 7. Operating result after comparability adjustments, 2024. Source: Ministry of Health [2].

The strongest financial profile in the available public data is Maccabi: it had a positive adjusted operating result and the highest audited surplus and accumulated net assets. Clalit has enormous scale and a relatively high cash-day indicator, but the adjusted activity report shows a meaningful deficit when all sectors are included. Meuhedet had a small positive adjusted result and positive SHABAN result, but negative accumulated net assets. Leumit had near-balance in the adjusted activity result but also the smallest cash-day indicator and negative accumulated net assets.

Public Complaints and Service Friction:-

Public complaints are not the same as satisfaction or clinical quality. They measure complaints reaching the Ministry of Health commissioner, which may be influenced by awareness, severity, demographic factors and member propensity to complain. Still, complaint rates per 10,000 insured persons provide an important public signal of service friction. In 2024, Leumit had the lowest total complaint rate, Clalit the highest, and Maccabi and Meuhedet fell between them.

Table 10. Public complaints per 10,000 insured persons by fund and domain, 2024.

Fund	Total	Basket	Provider choice	Emergency	SHABAN	Administrative
Clalit	5.15	2.54	1.82	0.56	0.12	0.10
Maccabi	4.22	2.52	0.56	0.88	0.16	0.12
Meuhedet	4.47	3.15	0.57	0.41	0.23	0.16
Leumit	2.78	2.13	0.35	0.10	0.19	0.04

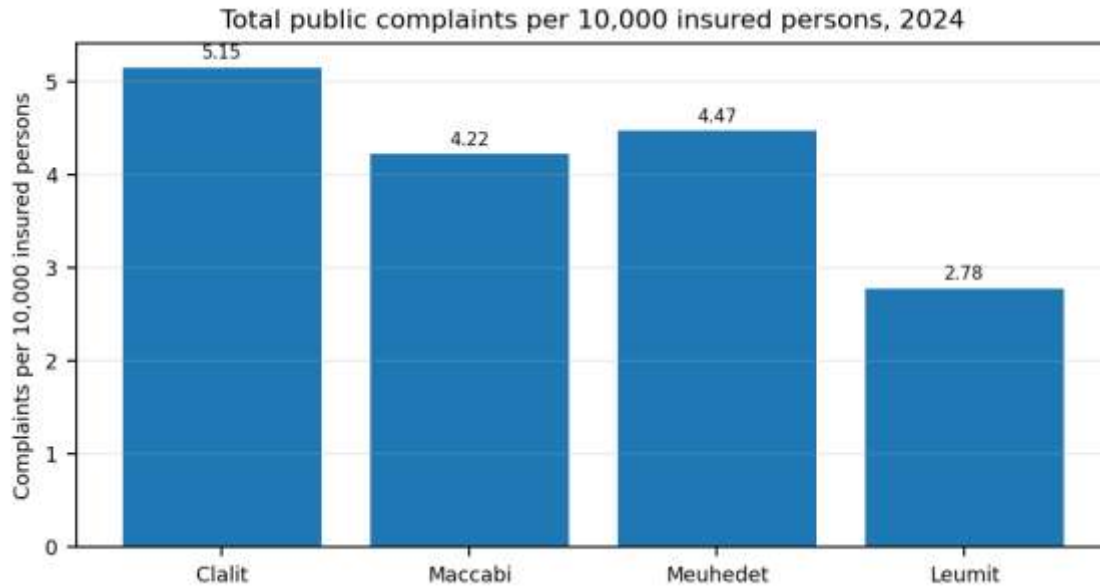


Figure 8. Total public complaints per 10,000 insured persons, 2024. Source: Ministry of Health Public Complaints Commissioner [3].

On this indicator, Leumit performs best overall. It had the lowest total rate and the lowest rates in basket, provider-choice, emergency and administrative categories. Clalit had the highest total rate and provider-choice complaint rate. Meuhedet had the highest basket-related and SHABAN-related complaint rates in the domain table. Maccabi's notable issue in the domain table was emergency-related complaints. These are regulatory complaint indicators, not a complete measure of service quality.

Comparative Scorecard: Who Is Better in Each Domain?

Table 11. Domain-specific scorecard based on public indicators.

Domain	Best performer	Rationale
Overall membership scale and integrated capacity	Clalit	Largest membership base, largest capitation share and unique hospital network/integrated delivery capacity.
Active competitive attraction through switching	Maccabi	Largest positive net transfer balance in 2024 (+13,076).
Average-member growth rate	Meuhedet	Highest average-member growth rate in Ministry of Health 2024 data (2.2%).
New insured persons in absolute numbers	Clalit	Largest number of new insured persons, mainly reflecting scale and births.
New immigrants	Maccabi	Largest number of new immigrants joining in 2024 among the funds.
Lowest public complaint rate	Leumit	Lowest complaints per 10,000 insured persons and lowest several domain-specific rates.

Financial strength using public indicators	Maccabi	Positive adjusted operating result, highest audited surplus and highest net assets.
SHABAN breadth for active users	Maccabi / Leumit / Meuhedet depending on need	Maccabi Sheli is broad and consumer-oriented; Leumit Gold has strong explicit surgery/consultation/pregnancy benefits; Meuhedet Si is family-oriented.
Pregnancy benefit ceiling	Leumit Gold	Leumit publishes a high pregnancy benefit ceiling; Meuhedet Si is also strong.
Family-oriented supplemental proposition	Meuhedet	Official materials emphasize family enrollment and benefits across pregnancy, children, emotional care and dental domains.
Child optics	Maccabi / Meuhedet	Maccabi Zahav publishes free glasses for children under 18; Meuhedet Si publishes low co-payment children's glasses.
Consumer-facing digital navigation	Maccabi	Public materials describe an advanced app and AI service assistant Aia.
Clinical AI and population-health data potential	Clalit	Largest data base and public AI/big-data initiatives, with integrated-care potential.
Online physician access in compact model	Leumit	Clear online physician/pediatrician and specialist-service orientation.
Best single fund overall for the average urban, digitally active adult	Maccabi, cautiously	Strong switching attractiveness, financial position and digital-service evidence; local provider availability can overturn this conclusion.
Best single fund for someone prioritizing lowest complaint signal	Leumit	Clear winner on Ministry of Health complaint rates.
Best single fund for integrated national scale and complex system capability	Clalit	Dominates scale and integrated infrastructure.

Cautious overall judgement:-

If forced to choose one overall evidence-weighted winner from the public data, Maccabi has the strongest general case: it gained the most members through switching, attracted the most new immigrants, had the strongest financial indicators and shows strong consumer-facing digital maturity. However, this is not an absolute statement. Clalit is superior for scale and integrated-care capacity; Leumit is superior on the public-complaints indicator; and Meuhedet is superior on growth rate and family-oriented SHABAN positioning. For an individual resident, the best fund may be the one with the best local physician network, closest clinics, preferred specialists, convenient pharmacy access and specific SHABAN benefits relevant to that person's life stage.

Limitations of the Comparison:-

The statutory health basket is uniform by law; differences discussed here are mainly in access, implementation, service channels, SHABAN design and organizational performance. Public complaint rates are useful but incomplete; they do not equal clinical quality, waiting times, patient-reported outcomes or satisfaction surveys. SHABAN plan pages are not fully standardized across funds; some funds publish clearer benefit ceilings than others. Comparison therefore favors transparent public information, not necessarily hidden value. Local provider networks matter. A fund that ranks strongly at the national level may be weak in a specific town or specialty, and vice versa. Financial indicators should not be interpreted as profit in a commercial sense. Health funds operate within public regulation and receive government supports; deficits often reflect national basket underfunding rather than managerial failure alone.

Digital-health quality requires usage, uptime, accessibility, task-completion and user-experience data that are not fully public in a comparable format. Temporal fluctuation is important. A single-year 2024 comparison may be affected by war, political instability, government support agreements, demographic movements and temporary service pressures. The indicative weighting framework is transparent but not externally validated. Different stakeholders could reasonably use different weights. The article does not monetize SHABAN cost-benefit because comparable premiums, actual member utilization, claim payments, provider-network differences and waiting-time effects are not all available in a standardized public dataset.

Conclusion:-

Israel's four health funds represent different strategic archetypes within one universal public insurance system. Clalit is the scale-and-integration fund; Maccabi is the competitive, digitally advanced and financially strong fund; Meuhedet is the growth and family-plan fund; and Leumit is the smaller, clearer and low-complaint fund. The most defensible conclusion is not that one fund is universally 'the best,' but that each fund is best for different decision criteria. A resident choosing a fund should therefore begin with three questions: Which local doctors and specialists are actually available? Which SHABAN benefits will I realistically use? Which digital and administrative channels reduce friction for my family? In national aggregate data, Maccabi appears strongest overall for a broad urban consumer profile, but Clalit, Meuhedet and Leumit each win important categories.

The revised analysis strengthens the manuscript by making its research gap explicit, grounding the comparison in health-system performance and regulated-competition theory, defining inclusion criteria, explaining the weighting and scoring process, adding demographic and utilization interpretation, standardizing the SHABAN comparison, discussing patient and policy cost-benefit implications, and evaluating digital quality through accessibility, usability, reliability and patient engagement.

Appendix A. Selected Age-Distribution Data, November 2024

Table A1. Registered members by age group and fund, November 2024. Source: National Insurance Institute [1]

Age group	All funds	Clalit	Maccabi	Meuhedet	Leumit
Under 1	185,817	90,957	46,216	32,620	16,024
1-5	736,898	373,556	177,199	124,868	61,275
5-15	1,802,035	930,402	443,889	283,699	144,045
15-25	1,353,810	655,526	355,838	229,536	112,910
25-35	1,282,674	633,847	373,303	180,410	95,114
35-45	1,166,047	635,350	315,092	137,679	77,926
45-55	1,060,980	512,128	341,752	137,510	69,590
55-65	816,771	378,609	273,826	101,198	63,138
65-75	708,988	377,660	199,702	78,631	52,995
75-85	408,602	229,864	109,753	42,169	26,816
85+	157,197	96,849	36,454	13,602	10,292

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