Israel's Four Health Funds and Their Supplemental Insurance (SHABAN).

Abstract

Israel's National Health Insurance system is built around four competing non-profit health funds: Clalit, Maccabi, Meuhedet and Leumit. These organizations are simultaneously 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 article compares the four funds across market size, demographic and membership flows, SHABAN product architecture, digital-health capacity, financial position, public-complaint indicators and relative domain strengths. 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, and official health-fund plan descriptions. The results show that no single health 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 strong 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.

Keywords: Israel; health funds; kupot holim; SHABAN; supplemental insurance; Clalit; Maccabi; Meuhedet; Leumit; digital health; health-system reform; capitation; public complaints.

1. Methodological Note and Scope

This article is a comparative policy and service-market review. It does not use patient-level clinical outcomes or proprietary satisfaction surveys. It relies on public official data and official health-fund publications. 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]-[14].

2. 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.

3. 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.

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%

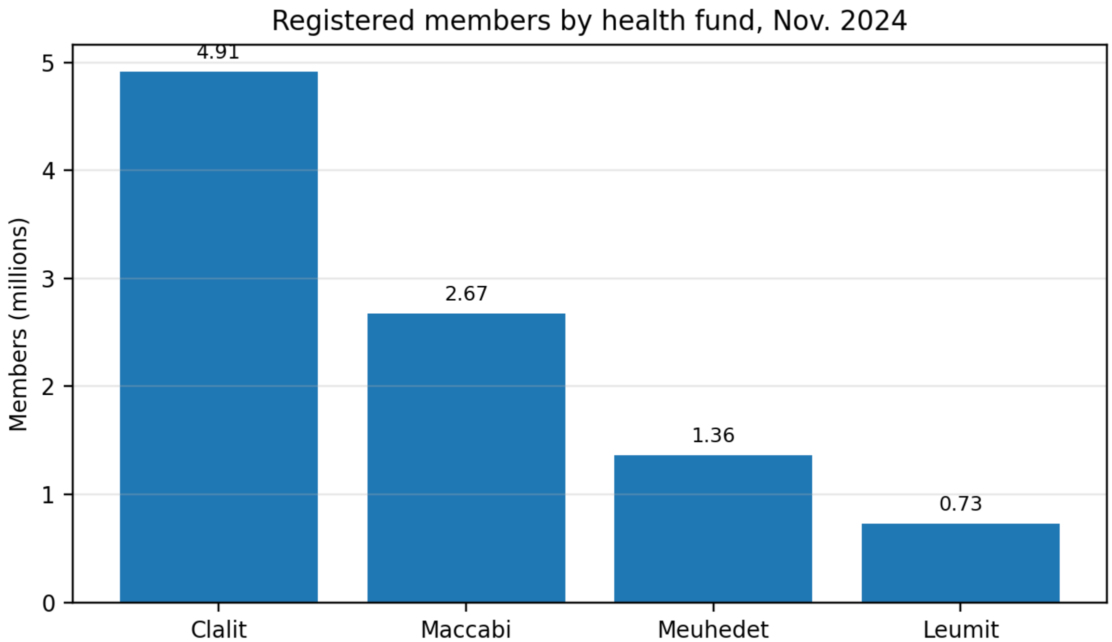

Figure 1. Registered membership by fund, November 2024. Source: National Insurance Institute, 2024 membership report [1].

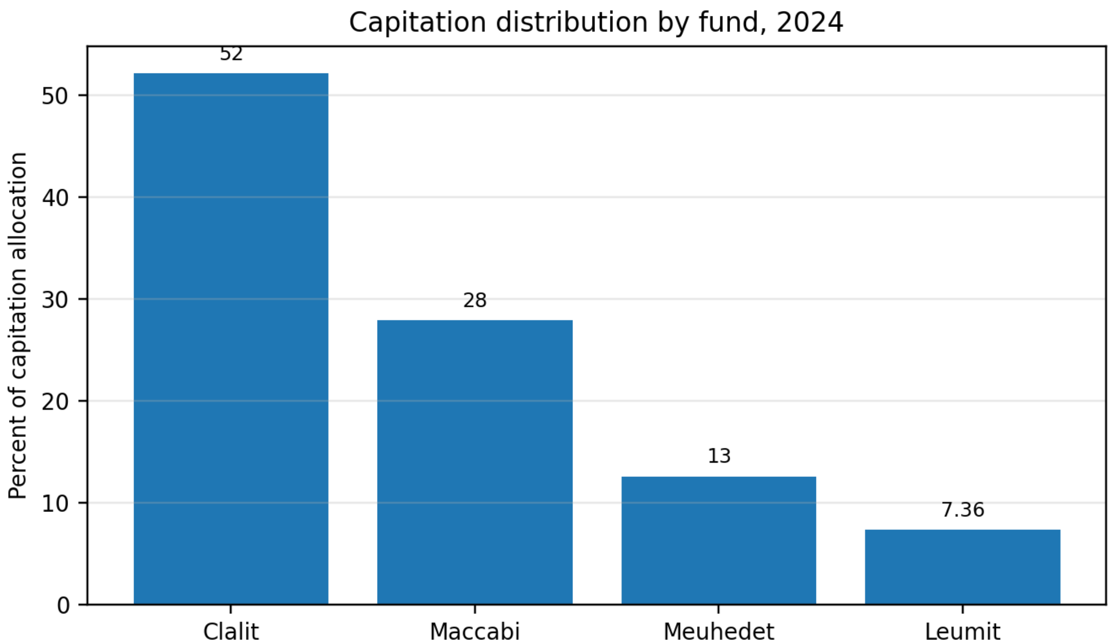

Figure 2. Capitation allocation share by fund, 2024. Source: Ministry of Health, HMO activity report 2024 [2].

4. New Members, Natural Growth, Immigration 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.

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

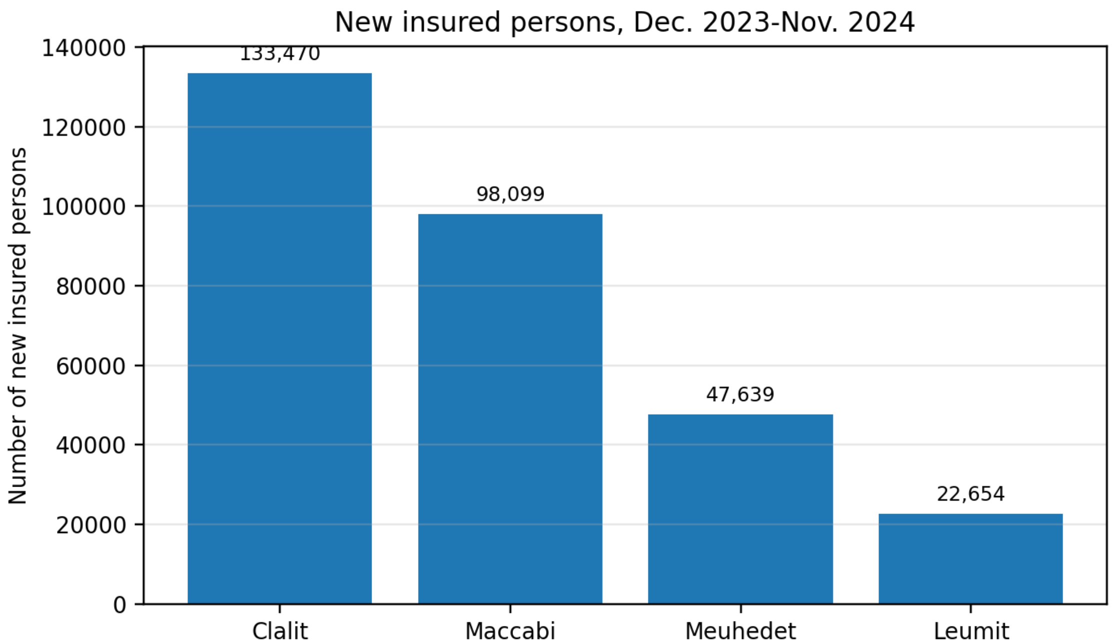

Figure 3. New insured persons, December 2023-November 2024. Source: National Insurance Institute [1].

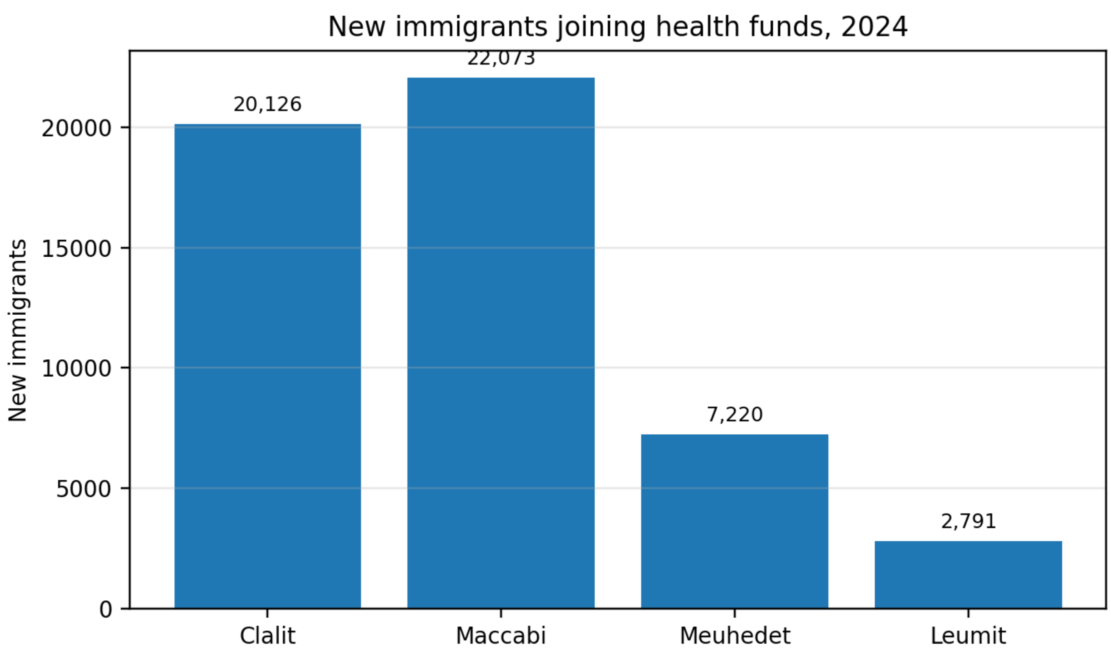

Figure 4. New immigrants joining health funds, 2024. Source: National Insurance Institute [1].

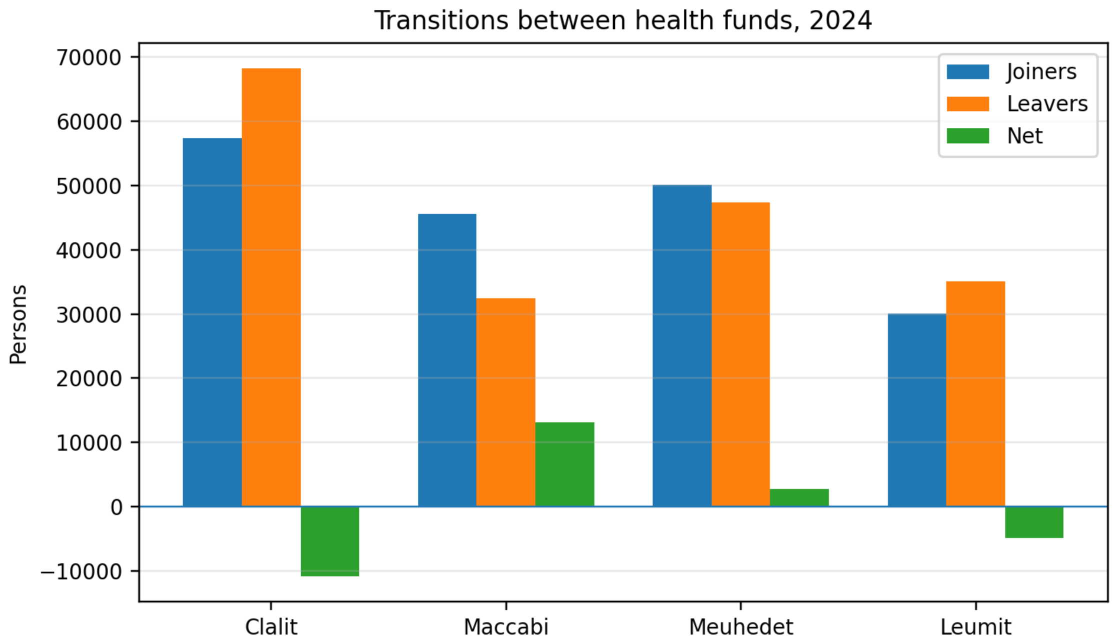

Figure 5. Transfers between health funds, 2024. Source: National Insurance Institute [1].

Interpretation

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.

5. SHABAN: Structure, Logic and Main Offerings

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.

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. Access to detailed English pages was 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, 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.	Strong documented breadth and clear consumer-facing presentation; Sheli is 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	Compact two-tier structure; strong documented benefits in surgery choice, consultation counts

Fund	Main SHABAN tiers	Core offering profile	Analytical comment
		doctor visits, medication discounts, complementary medicine, orthopaedic devices, child development and pregnancy benefits.	and pregnancy reimbursement ceilings.

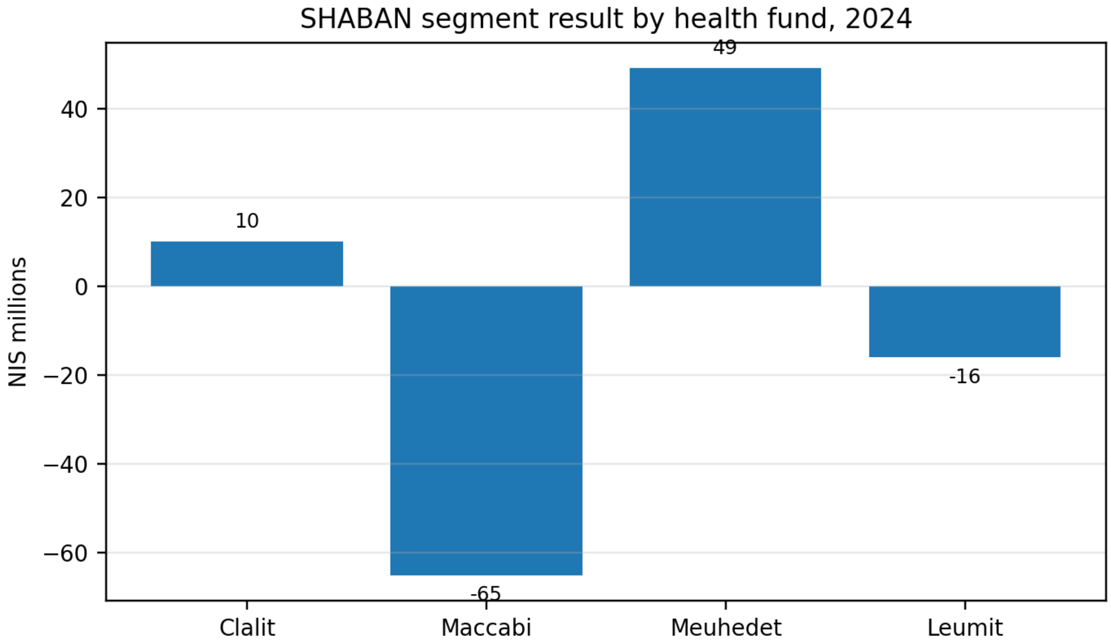

Figure 6. SHABAN segment financial result by health fund, 2024. Source: Ministry of Health, HMO activity report 2024 [2].

5.1 Domain-by-domain SHABAN comparison

Domain	Clalit	Maccabi	Meuhedet	Leumit	Comparative reading
Private surgery and choice of surgeon	Clalit	Maccabi	Meuhedet	Leumit	All funds provide some form of private-surgery or surgeon-choice pathway through SHABAN. Leumit and Maccabi have especially explicit public descriptions of surgeon/facility choice.
Pregnancy and childbirth	Clalit	Maccabi	Meuhedet	Leumit	Leumit Gold publishes a high pregnancy-benefit ceiling across pregnancies; Meuhedet Si publishes a substantial pregnancy/childbirth package; Clalit and Maccabi also provide pregnancy-related benefits.
Dental benefits	Clalit	Maccabi	Meuhedet	Leumit	Meuhedet Si, Maccabi Sheli and Clalit Platinum all appear strong; exact value depends on contracted dental network and treatment category.
Children, child development and optics	Clalit	Maccabi	Meuhedet	Leumit	Maccabi Zahav publicly states free glasses for children under 18; Meuhedet Si publicizes low co-payment children's glasses; all funds list child-development benefits.
Complementary medicine	Clalit	Maccabi	Meuhedet	Leumit	Maccabi Sheli clearly publishes 70%

Domain	Clalit	Maccabi	Meuhedet	Leumit	Comparative reading
					reimbursement/discount up to 20 annual treatments; other funds also offer complementary medicine under plan rules.
Home and remote services	Clalit	Maccabi	Meuhedet	Leumit	Meuhedet Si explicitly highlights doctor/lab at home. Leumit and Maccabi also provide digital/remote services, though often through digital service channels rather than SHABAN alone.

6. Fund-by-Fund Academic Profiles

6.1 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.

6.2 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.

6.3 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.

6.4 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.

7. Digital Health, AI and Technology

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.

Fund	Documented digital and technology capabilities	Comparative interpretation
Clalit	App-based appointment management, lab results, clinic requests, pharmacy stock and broad digital-service management; public materials also describe AI and big-data initiatives such as proactive risk identification and service personalization.	Best positioned for clinical AI at population scale because of size and integrated data potential.
Maccabi	Modern app interface, personal medical information, appointments, results, digital forms and AI service assistant Aia for navigation and service finding.	Strongest consumer-facing digital-navigation evidence; highly competitive app-service proposition.
Meuhedet	Online services, appointment bot, digital member card, commitments/authorizations, prescriptions, referrals, test results, remote medicine, and digital home-test features described in app/public materials.	Strong hybrid-service and practical digital-administration orientation.
Leumit	Leumit Online and app services for appointments, lab results, consultation with personal physician/pediatrician, prescriptions, online dermatologist/pediatrician and innovation accelerator activity.	Strong in compact online physician access and innovation partnerships, although scale is smaller.

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.

8. 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.

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

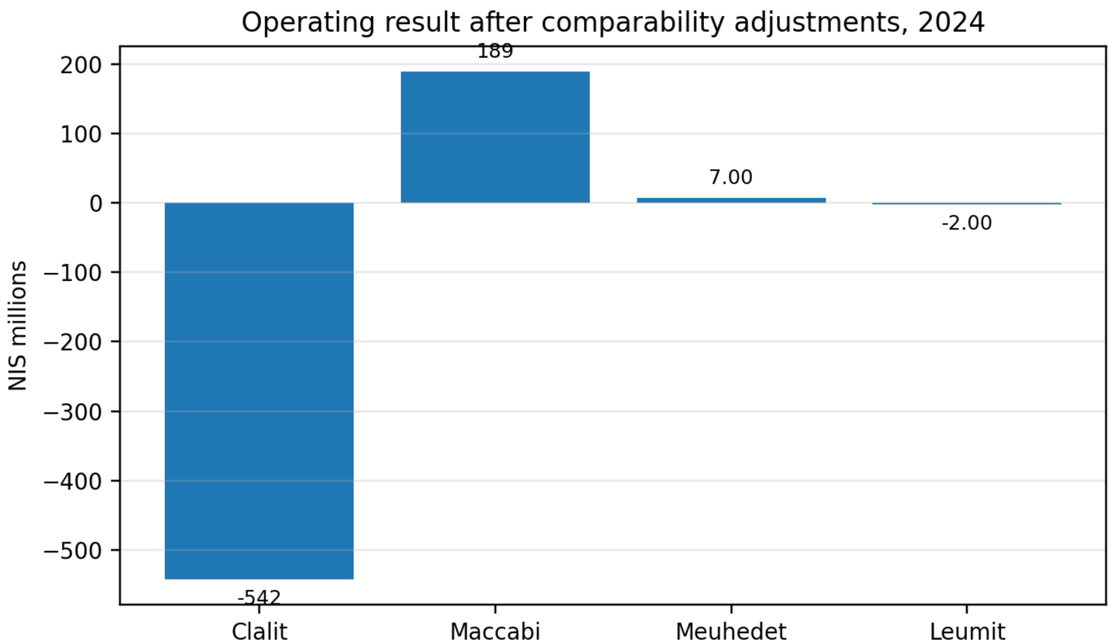

Figure 7. Operating result after comparability adjustments, 2024. Source: Ministry of Health [2].

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.

9. 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.

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

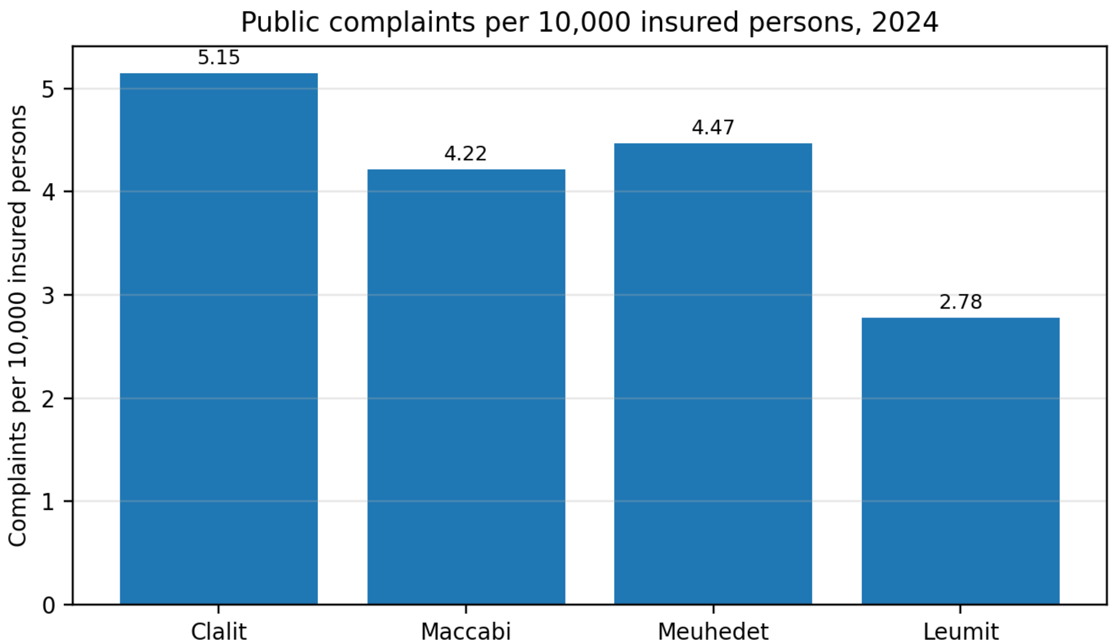

Figure 8. Total public complaints per 10,000 insured persons, 2024. Source: Ministry of Health Public Complaints Commissioner [3].

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.

10. Comparative Scorecard: Who Is Better in Each Domain?

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	Clalit	Dominates scale and integrated infrastructure.

Domain	Best performer	Rationale
complex system capability		

A 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.

11. War, Political Instability and Budgetary Continuity, 2019-2026

The previous sections compare the four health funds using membership, SHABAN, digital-service, financial and complaint indicators. This additional section adds a macro-policy layer: the health funds do not operate in a stable budgetary vacuum. Their performance is shaped by political stability, the flow of approved state budgets, the fiscal priority given to health relative to defense and other civilian services, and extraordinary shocks such as war.

Between April 2019 and November 2022, Israel held five Knesset elections. This period of repeated electoral cycles did not cancel the statutory health basket or the capitation mechanism, but it weakened the ability to maintain ordinary multi-year planning. For health funds, the main risk is not an immediate disappearance of funding; rather, it is uncertainty around basket updates, price compensation, wage agreements, development budgets, mental-health expansion, hospital-community interfaces and the timing of government balancing agreements.

The war that began after the October 7, 2023 attacks created a second and sharper form of pressure. In 2024, Israel's defense burden and deficit rose sharply, while health-system demand also increased through rehabilitation, mental health, trauma care, evacuated populations, disrupted communities, workforce absences and higher operating costs. This combination creates a budgetary squeeze: health needs rise at the same time that fiscal room for civilian ministries becomes more constrained.

Table 9. Political and wartime shocks affecting health-fund budgetary continuity.

Period / pressure point	Mechanism	Implication for the health funds
Five election campaigns, 2019-2022	Repeated coalition instability and delayed long-term budget certainty.	Capitation payments continue, but strategic reforms, development allocations and durable baseline updates become harder to plan.
COVID-19 overlap, 2020-2021	Emergency health expenditure and rapid operational changes occurred during a politically unstable period.	Temporary supports can solve acute needs but may postpone structural financing corrections.
War period, 2023-2026	Large defense expenditure, evacuated populations, reservist mobilization and trauma burden.	Higher demand for mental health, rehabilitation and community outreach; stronger competition for the civilian budget share.
Health-fund financial result, 2024	The comparative Ministry of Health activity report showed an aggregate adjusted deficit of NIS 347 million across the funds.	The result indicates continuing structural underfunding pressure even before fully accounting for long war-related service needs.
Budgetary-share risk	The key risk is relative rather than only nominal: defense and debt-service costs may grow faster than civilian health allocations.	Even if the health budget grows in shekel terms, the health system may lose relative fiscal priority and face delayed compensation for real costs.

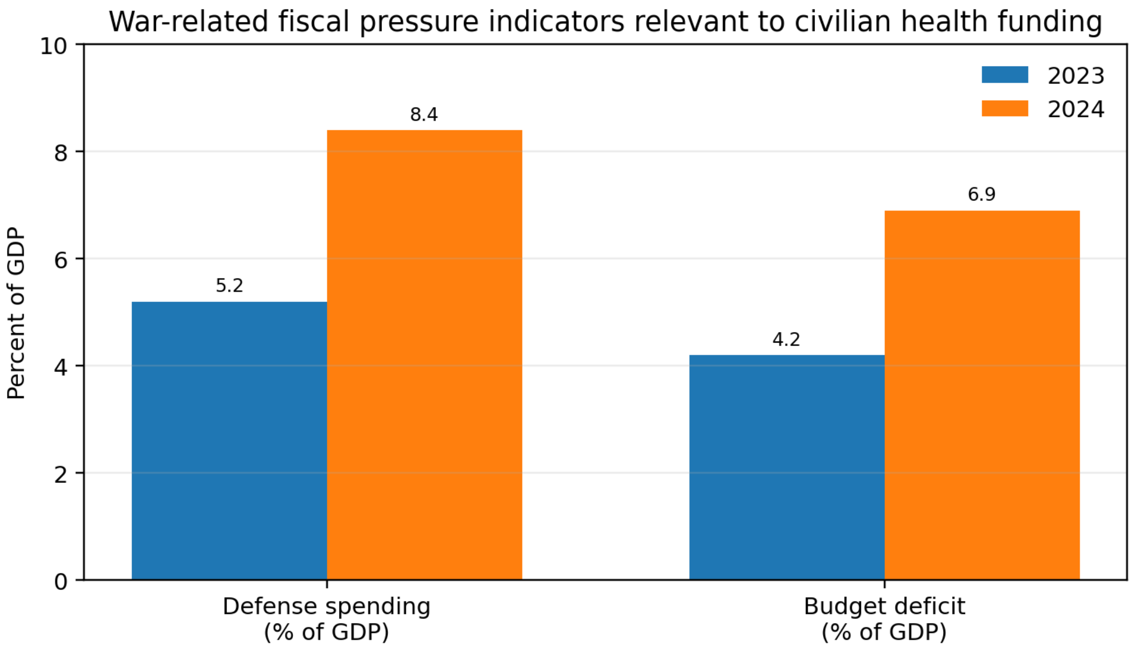

Figure 9. Defense spending and budget deficit as macro-fiscal pressure indicators, 2023-2024. Source: Reuters reports based on Israel Finance Ministry data [16,17].

11.1 Interpretation for health-fund comparison

This context changes the interpretation of the scorecard. Maccabi's strong financial profile remains important, but wartime conditions make liquidity, operational agility and the ability to absorb demand shocks more important than ordinary-year indicators alone. Clalit's hospital-linked structure and scale can be a burden in accounting terms, yet they may also be strategically valuable in emergencies because they connect community medicine, hospitals, mental health, rehabilitation and population-level data. Meuhedet and Leumit may be more exposed to scale limitations, but their smaller structures can support focused service adjustments when local networks are well managed.

The main analytical conclusion is therefore that Israel's health-fund competition should be judged through two lenses: ordinary service performance and resilience under national stress. The five-election period mainly harmed planning continuity; the war mainly intensified demand and shifted fiscal priority toward defense. Together, they strengthen the argument that Israel needs clearer multi-year health-fund financing, stronger mental-health and rehabilitation baselines, and transparent compensation mechanisms when national emergencies increase service demand.

12. 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 and user-experience data that are not fully public in a comparable format.

13. 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 added wartime and political-instability lens reinforces this conclusion. The best health fund is not simply the one with the best app, the clearest SHABAN product or the strongest one-year financial result. In a system exposed to repeated elections, delayed budgets and prolonged war, the strongest fund is also the one that can preserve access, absorb mental-health and rehabilitation demand, maintain liquidity, and continue serving vulnerable populations when the national budget is under competing security pressure.

Appendix A. Selected Age-Distribution Data, November 2024

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

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

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