

**INCOME
BASED**



BONCAP

2025

Bonitas
Medical Aid for South Africa



WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 TO R11 250	R1 554	R1 554	R732
R11 251 TO R18 250	R1 897	R1 897	R872
R18 251 TO R23 740	R3 058	R3 058	R1 157
R23 741+	R3 753	R3 753	R1 424

SUBJECT TO INCOME VERIFICATION

BONCAP USES **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY).

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.
SPECIAL RATES APPLY FOR FULL TIME STUDENTS WHO JOIN AS THE MAIN MEMBER.



All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% of the BonCap Rate.

NETWORK GP CONSULTATIONS OR REGISTERED NURSE CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP or Registered Nurse consultations, using a nominated BonCap network GP	Approval is required from the 8th GP/Registered Nurse consultation per beneficiary
NON-NETWORK GP CONSULTATIONS	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R400 per visit
	30% co-payment applies, unless PMB	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Main member only	R2 300
	Main member + 1 dependant	R3 840
	Main member + 2 dependants	R4 600
	Main member + 3 dependants	R5 020
	Main member + 4 or more dependants	R5 570
	Subject to the applicable formularies, pharmacy and pathology networks	
NETWORK SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Maximum of 3 visits limited to R3 900 per beneficiary	Maximum of 5 visits limited to R5 800 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
NON-NETWORK SPECIALIST CONSULTATIONS	PMB only	
MATERNITY CARE (ALSO SEE CARE PROGRAMMES PAGE 8)	Antenatal consultations are subject to the GP consultation and specialist consultation benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
OVER-THE-COUNTER MEDICINE	Limited to R115 per event	Maximum of R330 per beneficiary, per year
	Subject to the BonCap medicine formulary and Bonitas pharmacy network	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R7 090 per family	Subject to Managed Care protocols
OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)	Managed Care protocols apply
EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR R400 per beneficiary for an eye examination, at a non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
FRAMES	R275 per beneficiary at a network provider	OR R206 per beneficiary at a non-network provider
CONTACT LENSES	R1 295 per beneficiary	
BASIC DENTISTRY	You must use a provider on the DENIS network	Covered at the Bonitas Dental Tariff
	Managed Care protocols apply	
CONSULTATIONS	1 consultation per beneficiary	
EMERGENCY CONSULTATION	1 emergency consultation for sepsis per beneficiary	
X-RAYS: INTRA-ORAL	4 X-rays per beneficiary	
X-RAYS: EXTRA-ORAL	PMB only	
SCALING AND POLISHING	1 scaling and polishing	OR 1 polish per beneficiary
FLUORIDE TREATMENTS	1 treatment for beneficiaries from age 5 and younger than 16 years	

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16 years	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only	Managed Care protocols apply
EMERGENCY ROOT CANAL THERAPY	For emergency treatment only, limited to pulp removal (wisdom teeth excluded)	Subject to DENIS treatment protocols
EXTRACTIONS	Subject to DENIS treatment protocols	Impacted teeth excluded
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	Once every 2 years for beneficiaries 21 years and older (based on the date of your previous claim)	Managed Care protocols apply
	20% co-payment applies	Pre-authorisation required or further 20% penalty applies
DENTAL FILLINGS	4 fillings per beneficiary	Benefit for fillings is granted once per tooth, every 2 years
	Benefit for re-treatment of a tooth is subject to Managed Care protocols	
MAXILLO-FACIAL SURGERY IN DENTAL CHAIR	PMB only	Pre-authorisation from DENIS required
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Pre-authorisation from DENIS required
	Avoid a 30% co-payment by using a hospital on the applicable network	

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

CHILDCARE		
HEARING SCREENING	For newborns up to 8 weeks, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old	
BABYLINE	24/7 helpline for medical advice for children under 3 years	
CHILDHOOD IMMUNISATIONS UP TO AGE 12	According to the Expanded Programme on Immunisation in South Africa	
MILESTONE REMINDERS <small>NEW</small>	For children under 3 years	
ONLINE SCREENINGS <small>NEW</small>	For infant and toddler health	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram and ultrasound every 2 years, for women over 40	1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
	2 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 (one course per lifetime)	3 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 (one course per lifetime)
MEN'S HEALTH	1 prostate screening antigen test for men between ages 55 and 69	
ELDERLY HEALTH	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 45 and 75 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
CONTRACEPTIVES (FOR WOMEN AGED UP TO 50)	R1 330 per family	You must use the DSP for pharmacy-dispensed contraceptives
	If you choose not to use a DSP, a 40% co-payment applies	
WELLNESS SCREENING	1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the BonCap Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonCap ensures that you are covered for the **28** chronic conditions listed below. You must use the Bonitas Chronic Medicine Courier Pharmacy Network to get your medicine. If you choose not to use the Bonitas Chronic Medicine Courier Pharmacy Network or if you choose to use medicine that is not on the BonCap formulary, you will have to pay a 30% co-payment.

Subject to nomination of a network GP for management of chronic conditions.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CARE PROGRAMMES

These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer. You will need to register to join these programmes.

CANCER	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Uses the Bonitas Oncology Network of specialists
	Access to a social worker for you and your loved ones	Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
HIV/AIDS	Provides you with appropriate treatment and tools to live your best life	Offers 1 annual pap smear for members who had a positive cytology test
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)	Helps in finding a registered counsellor for face-to-face emotional support
	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment	
MATERNITY SUPPORT (BY REGISTERING FOR THE MATERNITY PROGRAMME)	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
	Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
	Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials
	NEW Early identification of high-risk pregnancies	NEW Weekly engagement for high-risk pregnancies
	NEW Post-childbirth follow-up calls	NEW Online assessments for pregnancy and mental health
PRE-DIABETIC LIFESTYLE MANAGEMENT PROGRAMME	Health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled	1 Dietician visit every 6 months
	1 Biokinetics assessment every 6 months	2 GP visits
BACK AND NECK PAIN MANAGEMENT PROGRAMME	A multidisciplinary, evidence-based programme to manage and treat back pain in 3 easy steps	A health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled
HOSPITAL-AT-HOME (SUBJECT TO PRE-AUTHORISATION)	Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19	An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
	Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services	Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
	A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home	A transitional care programme to minimise re-admissions

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

MENTAL HEALTH PROGRAMME

FEMALE HEALTH

NEW

Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse	Provides educational material on mental health which empowers you to manage your condition
Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition	A digital platform designed to give members easy access to mental health information, community support and expert help
Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition	
Accessible to all female members aged 18 and above	Guidance, support, and education led by women's healthcare experts
Early detection of diseases and seamless access to specialised carew	Proactive support in accessing essential healthcare services
Promotion of preventative healthcare strategies tailored to women's needs	Online health assessments tailored to female health concerns
Empowerment of women to actively manage their health	

IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorisation for your hospital admission. You will have to pay a 30% co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorisation within 48 hours of admission. Managed Care protocols apply.

GP CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap Rate
BLOOD TESTS AND OTHER LABORATORY TESTS	R31 230 per family except for PMB	
BLOOD TRANSFUSIONS	R22 690 per family except for PMB	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the BonCap Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R14 250 per family	Pre-authorisation required
	R1 230 co-payment per scan event, except for PMB	
CATARACT SURGERY	You must use a DSP or a R7 420 co-payment will apply	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	PMB only at the DSP	Managed Care protocols apply
	Pre-authorisation required	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only	No cover for physiotherapy for mental health admissions
	You must use a DSP or a 30% co-payment will apply	
NEONATAL CARE	Limited to R55 710 per family, except for PMB	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R470 per hospital stay	
PHYSICAL REHABILITATION	R60 900 per family	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R17 550 per family	Pre-authorisation required
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Pre-authorisation required
	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CANCER TREATMENT (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only at a DSP or a 30% co-payment applies	Pre-authorisation required
CANCER MEDICINE	Subject to the preferred product list	You must use a DSP or a 20% co-payment will apply
ORGAN TRANSPLANTS	PMB only at a DSP	Pre-authorisation required
KIDNEY DIALYSIS	Unlimited (subject to Managed Care protocols)	You must use a DSP or a 20% co-payment will apply
	Pre-authorisation required	
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 8)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a 30% co-payment will apply	
SURGICAL PROCEDURES THAT ARE NOT COVERED	Back and neck surgery	Joint replacement surgery
	Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery
	Varicose vein surgery	Hernia repair surgery
	Laparoscopic or keyhole surgery	Gastroscopies, colonoscopies and all other endoscopies
	Bunion surgery	In-hospital dental surgery

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

SAVINGS






BONCLASSIC

2025

Bonitas
Medical Aid for South Africa

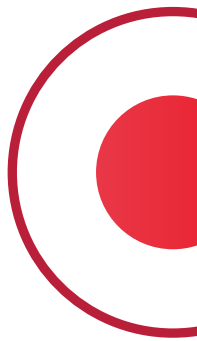


WHAT YOU PAY

 MAIN MEMBER	R7 453
 ADULT DEPENDANT	R6 398
 CHILD DEPENDANT	R1 840

BONCLASSIC USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

SAVINGS

MAIN MEMBER

R12 636

ADULT DEPENDANT

R10 848

CHILD DEPENDANT

R3 120

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)

Paid from available savings

SPECIALIST CONSULTATIONS

Paid from available savings

You must get a referral from your GP

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

If it is not classified as an emergency, it will be paid from available savings

NON-SURGICAL PROCEDURES

Limited to R6 590 per beneficiary

Limited to R10 710 per family

ACUTE MEDICINE

Paid from available savings

OVER-THE-COUNTER MEDICINE

Paid from available savings

HOMEOPATHIC MEDICINE

Paid from available savings

ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)

Paid from available savings

PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

Paid from available savings

BLOOD TESTS AND X-RAYS

R4 060 per beneficiary

R8 980 per family

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)

R37 800 per family, in and out-of-hospital

Pre-authorisation required

R2 800 co-payment per scan event except for PMB

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

Paid from available savings

Subject to frequency limits as per Managed Care protocols

INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (ALSO SEE CARE PROGRAMMES PAGE 10)

R89 420 per family every 5 years

Consumables limited to R89 420 per family

Limited to one device per type 1 diabetic for beneficiaries younger than 18

BLOOD PRESSURE MONITOR NEW

Paid from available savings

Limited to R1 200 per family every 2 years

Subject to registration of your chronic condition (hypertension)

MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R20 310 per family

IN-ROOM PROCEDURES

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorisation required

AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 12)

R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)

Avoid a 25% co-payment by using a DSP

All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider

Claims outside the Hearing Loss Management Programme paid from available savings

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OPTOMETRY	Once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
FRAMES	R1 345 per beneficiary at a network provider	OR	R1 009 per beneficiary at a non-network provider	
CONTACT LENSES	R2 125 per beneficiary			
BASIC DENTISTRY	R6 155 per family, per year	Covered at the Bonitas Dental Tariff		
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply			
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years			
PREVENTATIVE CARE	2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years		
	Fluoride treatments are only covered for children from age 5 and younger than 16 years			
FILLINGS	Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols		
	A treatment plan and X-rays may be required for multiple fillings			
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply			
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Managed Care protocols apply		
	Pre-authorisation required			
SPECIALISED DENTISTRY	R7 410 per family, per year	Covered at the Bonitas Dental Tariff		
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply		
	Pre-authorisation required			
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years		
	A treatment plan and X-rays may be requested	Pre-authorisation required		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than
	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
	Pre-authorisation required	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 500 per hospital admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonClassic offers cover for the **47** chronic conditions listed below, limited to **R14 780** per beneficiary and **R30 550** per family on the applicable formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5 -18)
31.	Barrett's Oesophagus
32.	Benign Prostatic Hypertrophy
33.	Depression
34.	Eczema

35.	Gastro-Oesophageal Reflux Disease (GORD)
36.	Generalised Anxiety Disorder
37.	Gout
38.	Obsessive Compulsive Disorder
39.	Osteoporosis
40.	Paget's Disease
41.	Panic Disorder

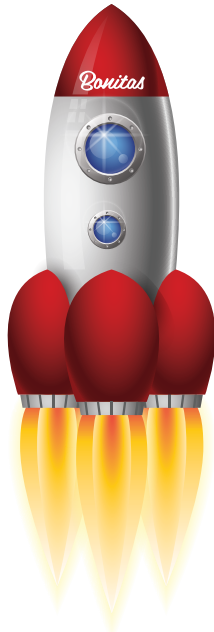
42.	Polyarteritis Nodosa
43.	Pulmonary Interstitial Fibrosis
44.	Post-Traumatic Stress Disorder
45.	Scleroderma
46.	Tourette's Syndrome
47.	Zollinger-Ellison Syndrome

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R2 070
EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonClassic	R2 070

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **R195 per month for antenatal vitamins during pregnancy**
(Paid from available savings or Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- **Milestone reminders for children under 3 years**
- **Online screenings for infant and toddler health**
- **2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital**

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- **Early identification of high-risk pregnancies**
- **Weekly engagement for high-risk pregnancies**
- **Post-childbirth follow-up calls**
- **Online assessments for pregnancy and mental health**

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R2 050 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies



CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

CARE PROGRAMMES



HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



NEW

WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



NEW

GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRI^s AND CT SCANS (SPECIALISED RADIOLOGY)	R37 800 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R71 190 per family, unless PMB	Managed Care protocols apply
	Sublimit of R6 860 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 10)	Subject to an assessment and referral for spinal surgery through the Back and Neck programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 12)	Avoid a R37 080 co-payment by using the DSP	
COCHLEAR IMPLANTS	R362 100 per family	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION	R52 670 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R605 per hospital stay	
PHYSICAL REHABILITATION	R64 680 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family	Managed Care protocols apply

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)
PET SCANS <small>NEW</small> (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R336 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	
Sublimit of R157 800 can be used for specialised drugs (including biological drugs)	Sublimit of R60 680 per beneficiary for Brachytherapy
1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT
AFRICA BENEFIT

Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

SAVINGS




**BONCOMPREHENSIVE
BONCOMPLETE**

2025

Bonitas
Medical Aid for South Africa




WHAT YOU PAY

BONCOMPREHENSIVE

 MAIN MEMBER	R11 321
 ADULT DEPENDANT	R10 676
 CHILD DEPENDANT	R2 306

BONCOMPREHENSIVE PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

BONCOMPLETE

 MAIN MEMBER	R6 040
 ADULT DEPENDANT	R4 838
 CHILD DEPENDANT	R1 639

BONCOMPLETE USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses.

SAVINGS
SELF-PAYMENT GAP
THRESHOLD LEVEL
ABOVE THRESHOLD BENEFIT

BONCOMPREHENSIVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R25 632	R24 168	R5 220
R5 210	R4 320	R1 970
R30 842	R28 488	R7 190
UNLIMITED		

BONCOMPLETE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R10 848	R8 688	R2 940
R2 260	R1 910	R495
R13 108	R10 598	R3 435
R6 010	R3 520	R1 540

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that not all claims accumulate to your self-payment gap. Claims will accumulate at the Bonitas Rate.

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
NON-SURGICAL PROCEDURES
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)

BONCOMPREHENSIVE	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	You must get a referral from your GP
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R38 470 per family, in and out-of-hospital	Pre-authorization required
R2 800 co-payment per scan event except for PMB	

BONCOMPLETE	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	You must get a referral from your GP
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R30 430 per family, in and out-of-hospital	Pre-authorization required
R2 800 co-payment per scan event except for PMB	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BONCOMPREHENSIVE

Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R17 850 per family combined with over-the-counter medicine		
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R17 850 per family combined with acute medicine		
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit		
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family		
Paid from available savings	Subject to frequency limits as per Managed Care protocols		
Paid from available savings	Limited to R1 200 per family every 2 years		
Subject to registration of your chronic condition (hypertension)			
R89 420 per family every 5 years	Consumables limited to R89 420 per family		
Limited to one device per type 1 diabetic for beneficiaries younger than 18			
R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a DSP		
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required		
Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses

BONCOMPLETE

Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit		
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family		
Paid from available savings and/or above threshold benefit	Subject to frequency limits and Managed Care protocols		
Paid from available savings and/or above threshold benefit	Limited to R1 200 per family every 2 years		
Subject to registration of your chronic condition (hypertension)			
R89 420 per family every 5 years	Consumables limited to R89 420 per family		
Limited to one device per type 1 diabetic for beneficiaries younger than 18			
R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a DSP		
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required		
Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses

ACUTE MEDICINE

OVER-THE-COUNTER MEDICINE

HOMEOPATHIC MEDICINE

ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)

PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 11)

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

BLOOD PRESSURE MONITOR

NEW

INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (ALSO SEE CARE PROGRAMMES PAGE 11)

AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 13)

IN-ROOM PROCEDURES

OPTOMETRY

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BONCOMPREHENSIVE

BONCOMPLETE

EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES
CONTACT LENSES

1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network		
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)		
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)		

1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network		
R990 per beneficiary		
R2 435 per beneficiary		

BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS

Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorization required
Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorization required	
3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorization required

Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorization required
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorization required	
1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorization required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years	Cost of implant components limited to R3 563 per implant	No benefit	
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY				
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply		Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 500 per admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required		Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
	You must register for this benefit prior to departure	
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R18 040** per beneficiary and **R35 920** per family on the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

BONCOMPREHENSIVE

28.	Acne
29.	Allergic Rhinitis
30.	Alzheimer's Disease (early onset)
31.	Ankylosing Spondylitis
32.	Anorexia Nervosa
33.	Attention Deficit Disorder (in children aged 5-18)
34.	Barrett's Oesophagus
35.	Behcet's Disease
36.	Bulimia Nervosa
37.	Cystic Fibrosis
38.	Dermatitis

39.	Dermatomyositis
40.	Depression
41.	Eczema
42.	Gastro-Oesophageal Reflux Disease (GORD)
43.	Generalised Anxiety Disorder
44.	Gout
45.	Huntington's Disease
46.	Hyperthyroidism
47.	Myasthenia Gravis
48.	Narcolepsy
49.	Neuropathies

50.	Obsessive Compulsive Disorder
51.	Osteoporosis
52.	Paget's Disease
53.	Panic Disorder
54.	Polyarthritis Nodosa
55.	Post-Traumatic Stress Disorder
56.	Pulmonary Interstitial Fibrosis
57.	Psoriatic Arthritis
58.	Systemic Sclerosis
59.	Tourette's Syndrome
60.	Zollinger-Ellison Syndrome

BONCOMPLETE

28.	Acne (children up to 21 years)
29.	Allergic Rhinitis (children up to 21 years)

30.	Allergic Dermatitis/Eczema (children up to 21 years)
31.	Attention Deficit Disorder (in children aged 5-18)

32.	Depression (medication up to R160 per beneficiary, per month)
-----	---

& BONCOMPLETE

BonComplete offers cover for **32** chronic conditions, using the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment.

Pre-authorisation is required.

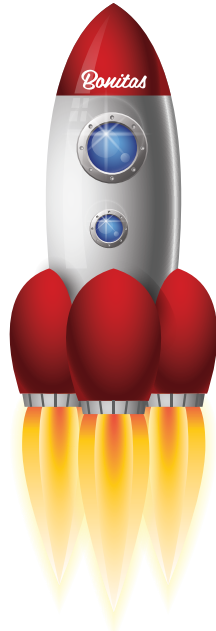
All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER



GET UP TO
R2 070
EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonComprehensive	N/A
BonComplete	R2 070

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Private ward after delivery - up to 3 days
- **NEW** R195 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit, subject to formulary)

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **NEW** R195 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit or Benefit Booster, subject to formulary)



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- **NEW** Milestone reminders for children under 3 years
- **NEW** Online screenings for infant and toddler health
- **NEW** 2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- **NEW** Early identification of high-risk pregnancies
- **NEW** Weekly engagement for high-risk pregnancies
- **NEW** Post-childbirth follow-up calls
- **NEW** Online assessments for pregnancy and mental health



BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12

BONCOMPLETE

- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12



BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over (*BonComprehensive only*)
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

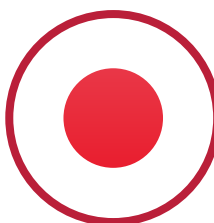
- R2 050 per family (for women aged up to 50)

BONCOMPREHENSIVE

- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

BONCOMPLETE:

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies



CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

CARE PROGRAMMES



HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



NEW

WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



NEW

GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonComplete option you can avoid a 30% co-payment by using a hospital on the applicable network.

	BONCOMPREHENSIVE		BONCOMPLETE	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 150% of the Bonitas Rate		Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRI^s AND CT SCANS (SPECIALISED RADIOLOGY)	R38 470 per family, in and out-of-hospital	Pre-authorisation required	R30 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB		R2 800 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	R67 640 for internal prosthesis per family		R57 630 per family	Managed Care protocols apply
	R67 640 for external prosthesis per family	Sublimit of R6 450 per breast prosthesis (limited to 2 per year)	Sublimit of R6 860 per breast prosthesis (limited to 2 per year)	
INTERNAL AND EXTERNAL PROSTHESES	R203 200 per family		No benefit	
INTERNAL NERVE STIMULATORS	R286 500 per beneficiary		No benefit	
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)	R341 000 per family		No benefit	
COCHLEAR IMPLANTS	Avoid a R7 420 co-payment by using a DSP		Avoid a R7 420 co-payment by using a DSP	
CATARACT SURGERY	R25 500 per family	Pre-authorisation required	No benefit	
REFRACTIVE SURGERY				

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BONCOMPREHENSIVE

Subject to an assessment and/or conservative treatment by the DSP	
Avoid a R37 080 co-payment by using the DSP	
R59 920 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R670 per hospital stay	
R60 900 per family	
R20 310 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R448 200 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R448 200 can be used for specialised drugs (including biological drugs)
2 scans per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
R247 400 per family	
Unlimited	Sublimit of R38 670 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	
Avoid a R2 720 co-payment by using a network day hospital	

BONCOMPLETE

Subject to an assessment and/or conservative treatment by the DSP	
Avoid a R37 080 co-payment by using the DSP	
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R535 per hospital stay	
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
Sublimit of R60 680 per beneficiary for Brachytherapy	Managed Care protocols apply
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a network day hospital	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider




SAVINGS

**BONSAVE
BONFIT SELECT
2025**

Bonitas
Medical Aid for South Africa




WHAT YOU PAY

BONSAVE

 MAIN MEMBER	R3 782
 ADULT DEPENDANT	R2 859
 CHILD DEPENDANT	R1 132

BONSAVE USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

BONFIT SELECT

 MAIN MEMBER	R2 524
 ADULT DEPENDANT	R1 890
 CHILD DEPENDANT	R849

BONFIT SELECT USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

- **On BonFit Select:** Simply complete a wellness screening or online wellness questionnaire.
- **On BonSave:** To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website). To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day). To activate the total amount from the get-go, simply complete a wellness screening from the start.

SAVINGS

BONSAVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R11 352	R8 580	R3 396

BONFIT SELECT		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R4 536	R3 396	R1 524

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
ADDITIONAL GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
NON-SURGICAL PROCEDURES
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)
BLOOD AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)

BONSAVE	
Paid from available savings	
If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate	
Paid from available savings	You must get a referral from your GP
Paid from available savings	
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6
If it is not classified as an emergency, it will be paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	

BONFIT SELECT	
Paid from available savings	
If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate	
Paid from available savings	You must get a referral from your GP
Paid from available savings	
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6
If it is not classified as an emergency, it will be paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BONSAVE

Paid from available savings

Paid from available savings

1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
---	-----------	--

100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider

100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider

100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

Paid from available savings

Paid from available savings

Paid from available savings	Subject to frequency limits as per Managed Care protocols
-----------------------------	---

Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
---	----------------------------

Paid from available savings

R30 430 per family, in and out-of-hospital	Pre-authorization required
--	----------------------------

R1 860 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family
--	-------------------------------

Covered at the Bonitas Dental Tariff	Managed Care protocols apply
--------------------------------------	------------------------------

2 annual check-ups per beneficiary (once every 6 months)

Paid from available savings

Paid from available savings	1 per beneficiary, every 3 years
-----------------------------	----------------------------------

2 annual scale and polish treatments per beneficiary (once every 6 months)	1 fissure sealant per tooth, once every 3 years for children under 16 years
--	---

2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years

Paid from available savings	Benefit for fillings is granted once per tooth, every 2 years
-----------------------------	---

Benefit for re-treatment of a tooth is subject to Managed Care protocols	A treatment plan and X-rays may be required for multiple fillings
--	---

BONFIT SELECT

Paid from available savings

Paid from available savings

1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
---	-----------	--

100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider

100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider

100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

Paid from available savings

Paid from available savings

Paid from available savings	Subject to frequency limits as per Managed Care protocols
-----------------------------	---

Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
---	----------------------------

PMB only

Paid from available savings	Pre-authorization required
-----------------------------	----------------------------

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	PMB consultations only
--	------------------------

Covered at the Bonitas Dental Tariff	Managed Care protocols apply
--------------------------------------	------------------------------

2 annual check-ups per beneficiary (once every 6 months)

Paid from available savings

Paid from available savings	1 per beneficiary, every 3 years
-----------------------------	----------------------------------

2 annual scale and polish treatments per beneficiary (once every 6 months)	1 fissure sealant per tooth, once every 3 years for children under 16 years
--	---

2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years

Paid from available savings	Benefit for fillings is granted once per tooth, every 2 years
-----------------------------	---

Benefit for re-treatment of a tooth is subject to Managed Care protocols	A treatment plan and X-rays may be required for multiple fillings
--	---

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS
PERIODONTICS
SURGERY IN THE DENTAL CHAIR
HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

Paid from available savings	
Paid from available savings	Pre-authorisation required
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)
Paid from available savings	Covered at the Bonitas Dental Tariff
Paid from available savings	Pre-authorisation required
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
Paid from available savings	3 crowns per family, per year
Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
A treatment plan and X-rays may be requested	
Paid from available savings	Pre-authorisation required
Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff
Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year
Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime
Paid from available savings	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	
Paid from available savings	Managed Care protocols apply
For the removal of impacted teeth only	
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorisation required
Managed Care protocols apply	
Limited to extensive conservative dental treatment only	Managed Care protocols apply
Pre-authorisation required	

Paid from available savings	
Paid from available savings	Pre-authorisation required
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)
Paid from available savings	Covered at the Bonitas Dental Tariff
Paid from available savings	Pre-authorisation required
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
Paid from available savings	3 crowns per family, per year
Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
A treatment plan and X-rays may be requested	
Paid from available savings	Pre-authorisation required
Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff
Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year
Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime
Paid from available savings	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	
Paid from available savings	
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorisation required
No benefit	
PMB only	
Pre-authorisation required	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonSave and BonFit Select cover the **28** chronic conditions listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation is required.

BONSAVE

& BONFIT SELECT

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

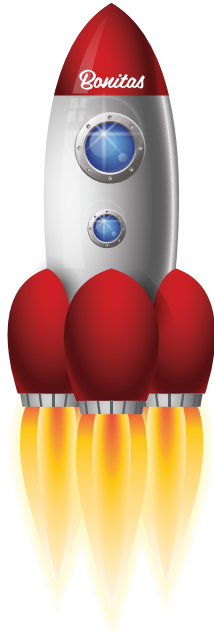
All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER



**GET UP TO
R5 000
EXTRA BENEFITS**

**TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS**



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonFit Select	R1 440

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
BonSave	Level 1	R1 000
	Level 2	R4 000
	Total	R5 000

HOW TO ACTIVATE IT

BONFIT SELECT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

BONSAVE

- To activate **Level 1**, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate **Level 2** and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.



MOTHER & CHILD CARE



MATERNITY CARE

BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 530 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **R195 per month for antenatal vitamins during pregnancy**
(Paid from available savings or Benefit Booster, subject to formulary)

NEW

BONFIT SELECT

- 6 antenatal consultations with a gynaecologist, GP or midwife
- Antenatal classes paid from available savings
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **R195 per month for antenatal vitamins during pregnancy**
(Paid from available savings or Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline - 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12
- **Milestone reminders for children under 3 years**
- **Online screenings for infant and toddler health**
- **2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital**

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- **Early identification of high-risk pregnancies**
- **Weekly engagement for high-risk pregnancies**
- **Post-childbirth follow-up calls**
- **Online assessments for pregnancy and mental health**

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 970 per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonSave and BonFit Select options you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
CATARACT SURGERY
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
INTERNAL PROSTHESES
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)

BONSAVE	
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R30 430 per family, in and out-of-hospital	Pre-authorisation required
R1 860 co-payment per scan event except for PMB	
Avoid a R7 420 co-payment by using the DSP	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
R41 070 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R500 per hospital stay	
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

BONFIT SELECT	
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R20 550 per family	Pre-authorisation required
R1 860 co-payment per scan event except for PMB	
Avoid a R7 420 co-payment by using the DSP	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
PMB only	Managed Care protocols apply
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R500 per hospital stay	
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CANCER TREATMENT
(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)

CANCER MEDICINE

PET SCANS
(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)

ORGAN TRANSPLANTS

KIDNEY DIALYSIS

HIV/AIDS
(ALSO SEE CARE PROGRAMMES PAGE 11)

DAY SURGERY PROCEDURES
(APPLIES TO SELECTED PROCEDURES)

PROCEDURE CO-PAYMENTS
(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

BONSAVE

Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Avoid a 25% co-payment by using a provider on the network
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from DSP
Avoid a R2 720 co-payment by using a network day hospital	

R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastrosocopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

BONFIT SELECT

Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Avoid a 25% co-payment by using a provider on the network
Unlimited	PMB only for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from DSP
Avoid a R5 440 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT

Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
--	---

You must register for this benefit prior to departure

AFRICA BENEFIT

In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation
--	--------------------------

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

TRADITIONAL

**PRIMARY
PRIMARY SELECT**




2025

Bonitas
Medical Aid for South Africa



WHAT YOU PAY




PRIMARY

 MAIN MEMBER	R3 307
 ADULT DEPENDANT	R2 587
 CHILD DEPENDANT	R1 052

PRIMARY USES **A LIST OF SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

PRIMARY SELECT

 MAIN MEMBER	R2 946
 ADULT DEPENDANT	R2 304
 CHILD DEPENDANT	R936

PRIMARY SELECT USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.



OUT-OF-HOSPITAL BENEFITS

Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first (See page 7 for more information). Simply follow the steps below:

- To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the total amount from the get-go, simply complete a wellness screening from the start

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

PRIMARY
DAY-TO-DAY BENEFITS

The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category.

R5 330
R8 520
R10 650
R11 720

PRIMARY SELECT
DAY-TO-DAY BENEFITS

R5 330
R8 520
R10 650
R11 720

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
NON-SURGICAL PROCEDURES

PRIMARY & PRIMARY SELECT			
GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP (including virtual care consultations). On Primary Select: <ul style="list-style-type: none"> • You must nominate 2 GPs on our network for each beneficiary for the year • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs only 	<ul style="list-style-type: none"> • Avoid a 20% co-payment by using a Bonitas Pharmacy Network • Avoid a 20% co-payment by using medicine that is on the formulary • Over-the-counter medicine is limited to R565 per beneficiary and R2 240 per family 	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homeopathic medicine).
R2 240	R1 680	R2 240	R2 240
R3 920	R2 800	R2 800	R2 800
R5 040	R3 370	R3 370	R3 370
R5 040	R3 370	R3 370	R3 370
Subject to the available overall day-to-day limit		Subject to frequency limits as per Managed Care protocols	
R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols			
Subject to the available overall day-to-day limit		Subject to the available overall day-to-day limit	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

These benefits are in addition to your overall day-to-day limit.

ADDITIONAL GP CONSULTATION
(WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)

ADDITIONAL SPECIALIST CONSULTATION

EMERGENCY ROOM BENEFIT
(FOR EMERGENCIES ONLY)

MRIs AND CT SCANS
(SPECIALISED RADIOLOGY)

MENTAL HEALTH CONSULTATIONS
(ALSO SEE CARE PROGRAMMES PAGE 10)

IN-ROOM PROCEDURES

OPTOMETRY

EYE TESTS

SINGLE VISION LENSES (CLEAR) OR

BIFOCAL LENSES (CLEAR) OR

MULTIFOCAL LENSES

FRAMES (AND/OR LENS ENHANCEMENTS)

CONTACT LENSES

PRIMARY

1 network GP consultation per family

1 network specialist consultation per family

You must get a referral from your network GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

R15 960 per family, in and out-of-hospital

Pre-authorisation required

R2 240 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R12 230 per family

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorisation required

Once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

1 consultation per beneficiary, at a network provider

OR R400 per beneficiary for an eye examination, at a non-network provider

100% towards the cost of lenses at network rates

R215 per lens, per beneficiary, out of network

100% towards the cost of lenses at network rates

R460 per lens, per beneficiary, out of network

100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

R635 per beneficiary at a network provider

OR R476 per beneficiary at a non-network provider

R1 475 per beneficiary

PRIMARY SELECT

1 network GP consultation per family

1 network specialist consultation per family

You must get a referral from your network GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

R15 960 per family, in and out-of-hospital

Pre-authorisation required

R2 240 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R12 230 per family

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorisation required

Once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

1 consultation per beneficiary, at a network provider

OR R400 per beneficiary for an eye examination, at a non-network provider

100% towards the cost of lenses at network rates

R215 per lens, per beneficiary, out of network

100% towards the cost of lenses at network rates

R460 per lens, per beneficiary, out of network

100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

R635 per beneficiary at a network provider

OR R476 per beneficiary at a non-network provider

R1 475 per beneficiary

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

These benefits are in addition to your overall day-to-day limit.

BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY
SURGERY IN THE DENTAL CHAIR
HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

PRIMARY	
Covered at 75% of the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a DSP
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars
1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
25% co-payment applies	Pre-authorisation required
Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Pre-authorisation required	
Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
Limited to extensive dental treatment	Managed Care protocols apply
Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required

PRIMARY SELECT	
Covered at 75% of the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a DSP
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars
1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
25% co-payment applies	Pre-authorisation required
Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Pre-authorisation required	
Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
Limited to extensive dental treatment	Managed Care protocols apply
Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

Primary and Primary Select cover you for the **28** chronic conditions listed below on the applicable formulary. You must use the Bonitas Chronic Medicine Courier Pharmacy Network to get your medicine. If you choose not to use the Bonitas Chronic Medicine Courier Pharmacy Network or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorization is required.

PRIMARY

& PRIMARY SELECT

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT

AFRICA BENEFIT

Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

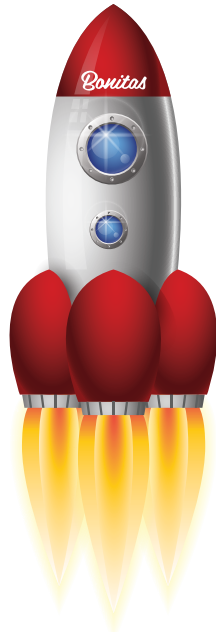
All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER



**GET UP TO
R3 800
EXTRA BENEFITS**

**TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS**



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
PRIMARY & PRIMARY SELECT	Level 1	R750
	Level 2	R3 050
	Total	R3 800

HOW TO ACTIVATE IT

- To activate **Level 1**, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate **Level 2** and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **R195 per month for antenatal vitamins during pregnancy**
(Paid from available acute medicine benefit or Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline - 24/7 helpline for medical advice for children under 3 years
- 1 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12
- **Milestone reminders for children under 3 years**
- **Online screenings for infant and toddler health**
- **2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital**

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- **Early identification of high-risk pregnancies**
- **Weekly engagement for high-risk pregnancies**
- **Post-childbirth follow-up calls**
- **Online assessments for pregnancy and mental health**

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 970 per family (for women aged up to 50)

PRIMARY:

- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

PRIMARY SELECT:

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies

CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW

GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On these options you can avoid a 30% co-payment by using a hospital on the applicable network.

	PRIMARY		PRIMARY SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRI_s AND CT SCANS (SPECIALISED RADIOLOGY)	R15 960 per family, in and out-of-hospital	Pre-authorisation required	R15 960 per family, in and out-of-hospital	Pre-authorisation required
	R2 240 co-payment per scan event except for PMB		R2 240 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP		Avoid a R7 420 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R19 060 per family	No cover for physiotherapy for mental health admissions	R19 060 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network		Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R470 per hospital stay		Limited to a 7-day supply up to R470 per hospital stay	
PHYSICAL REHABILITATION	R60 900 per family		R60 900 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply	R20 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CANCER TREATMENT
(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)

PET SCANS
(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)

CANCER MEDICINE

ORGAN TRANSPLANTS

KIDNEY DIALYSIS

HIV/AIDS
(ALSO SEE CARE PROGRAMMES PAGE 11)

DAY SURGERY PROCEDURES
(APPLIES TO SELECTED PROCEDURES)

PROCEDURE CO-PAYMENTS
(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

PRIMARY

Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a network day hospital	

PRIMARY SELECT

Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R5 440 co-payment by using a network day hospital	

R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

TRADITIONAL



**STANDARD
STANDARD SELECT
2025**

Bonitas
Medical Aid for South Africa



WHAT YOU PAY




STANDARD

 MAIN MEMBER	R5 439
 ADULT DEPENDANT	R4 715
 CHILD DEPENDANT	R1 596

STANDARD PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

STANDARD SELECT

 MAIN MEMBER	R4 915
 ADULT DEPENDANT	R4 253
 CHILD DEPENDANT	R1 439

STANDARD SELECT USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.



OUT-OF-HOSPITAL BENEFITS

Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first (See page 8 for more information). Simply follow the steps below.

- To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the total amount from the get-go, simply complete a wellness screening from the start

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD DAY-TO-DAY BENEFITS

The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category. There is a separate benefit for tests and consultations for PMB treatment plans so this will not affect your day-to-day benefits.

R13 440
R20 170
R22 410
R24 650

STANDARD SELECT DAY-TO-DAY BENEFITS

R13 440
R20 170
R22 410
R24 650

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD & STANDARD SELECT

GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP (including virtual care consultations). On Standard Select: • You must nominate 2 GPs on our network for each beneficiary for the year • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs only	• Avoid a 20% co-payment by using a Bonitas Pharmacy Network • Avoid a 20% co-payment by using medicine that is on the formulary • Over-the-counter medicine is limited to R895 per beneficiary and R2 800 per family	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dietitians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).
R3 370	R3 370	R3 370	R3 370
R5 040	R5 040	R5 040	R5 040
R5 610	R5 610	R5 610	R5 610
R6 720	R6 720	R6 720	R6 720

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
NON-SURGICAL PROCEDURES

Subject to the available overall day-to-day limit	Subject to frequency limits as per Managed Care protocols
R8 550 per family for Stoma Care and CPAP machines (Note: CPAP machines subject to Managed Care protocols)	
Subject to the available overall day-to-day limit	Subject to the available overall day-to-day limit

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

These benefits are in addition to your overall day-to-day limit.

ADDITIONAL GP CONSULTATIONS
(WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)

ADDITIONAL SPECIALIST CONSULTATIONS

EMERGENCY ROOM BENEFIT
(FOR EMERGENCIES ONLY)

AUDIOLOGY
(HEARING AIDS, CONSULTATIONS AND TESTS)
(ALSO SEE CARE PROGRAMMES PAGE 13)

MRIs AND CT SCANS
(SPECIALISED RADIOLOGY)

MENTAL HEALTH CONSULTATIONS
(ALSO SEE CARE PROGRAMMES PAGE 11)

INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR
(ALSO SEE CARE PROGRAMMES PAGE 11)

BLOOD PRESSURE MONITOR

IN-ROOM PROCEDURES

OPTOMETRY

STANDARD

2 network GP consultations per family

2 network specialist consultations per family

You must get a referral from your GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)

Avoid a 25% co-payment by using a DSP

All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider

Claims outside the Hearing Loss Management Programme paid from the auxiliary services day-to-day benefit

R34 020 per family, in and out-of-hospital

Pre-authorization required

R1 860 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R20 310 per family

R89 420 per family every 5 years

Consumables limited to R89 420 per family

Limited to one device per type 1 diabetic for beneficiaries younger than 18

Limited to R1 200 per family every 2 years

Subject to the general medical appliances benefit

Subject to registration of your chronic condition (hypertension)

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorization required

Once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

STANDARD SELECT

2 network GP consultations per family

2 network specialist consultations per family

You must get a referral from your network GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)

Avoid a 25% co-payment by using a DSP

All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider

Claims outside the Hearing Loss Management Programme paid from the auxiliary services day-to-day benefit

R34 020 per family, in and out-of-hospital

Pre-authorization required

R1 860 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R20 310 per family

R89 420 per family every 5 years

Consumables limited to R89 420 per family

Limited to one device per type 1 diabetic for beneficiaries younger than 18

Limited to R1 200 per family every 2 years

Subject to the general medical appliances benefit

Subject to registration of your chronic condition (hypertension)

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorization required

Once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

These benefits are in addition to your overall day-to-day limit.

EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS

STANDARD		
1 composite consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of network
100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of network
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network		
R1 405 per beneficiary at a network provider	OR	R1 054 per beneficiary at a non-network provider
R2 120 per beneficiary		
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)		
Managed Care protocols apply		
1 per beneficiary, every 3 years		
2 annual scale and polish treatments per beneficiary (once every 6 months)		Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years		
Benefit for fillings is granted once per tooth, every 2 years		Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings		
Managed Care protocols apply		
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years		Pre-authorisation required
Covered at the Bonitas Dental Tariff		
1 partial frame (an upper or lower) per beneficiary, once every 5 years		Managed Care protocols apply
Pre-authorisation required		

STANDARD SELECT		
1 composite consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of network
100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of network
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network		
R1 405 per beneficiary at a network provider	OR	R1 054 per beneficiary at a non-network provider
R2 120 per beneficiary		
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)		
Managed Care protocols apply		
1 per beneficiary, every 3 years		
2 annual scale and polish treatments per beneficiary (once every 6 months)		Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years		
Benefit for fillings is granted once per tooth, every 2 years		Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings		
Managed Care protocols apply		
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years		Pre-authorisation required
Covered at the Bonitas Dental Tariff		
1 partial frame (an upper or lower) per beneficiary, once every 5 years		Managed Care protocols apply
Pre-authorisation required		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

These benefits are in addition to your overall day-to-day limit.

CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

PERIODONTICS

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

STANDARD

1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorization required
Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis
Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
Managed Care protocols apply	Pre-authorization required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
Pre-authorization required	

STANDARD SELECT

1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorization required
Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis
Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
Managed Care protocols apply	Pre-authorization required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
Pre-authorization required	

Managed Care protocols apply	
A co-payment of R3 500 per admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
Pre-authorization required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorization required	

Managed Care protocols apply	
A co-payment of R3 500 per admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
Pre-authorization required	Managed Care protocols apply
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorization required	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

STANDARD

Standard offers cover for the **45** chronic conditions listed below, limited to **R12 530** per beneficiary and **R25 140** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy, you will have to pay a 30% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below – through a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy or medicine that is not on the formulary, you will have to pay a 30% co-payment.

& STANDARD SELECT

Standard Select offers cover for the **45** chronic conditions listed below, limited to **R12 530** per beneficiary and **R25 140** per family on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below – through Pharmacy Direct, our Designated Service Provider. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

28.	Acne
29.	Allergic Rhinitis
30.	Ankylosing Spondylitis
31.	Attention Deficit Disorder (in children aged 5-18)
32.	Barrett's Oesophagus
33.	Behcet's Disease

34.	Dermatitis
35.	Depression
36.	Eczema
37.	Gastro-Oesophageal Reflux Disease (GORD)
38.	Generalised Anxiety Disorder
39.	Gout

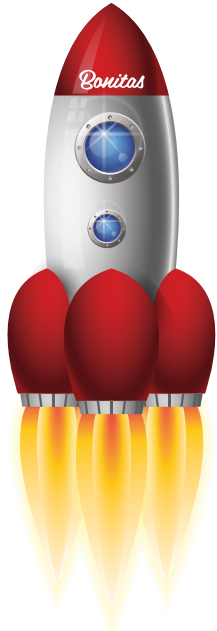
40.	Narcolepsy
41.	Obsessive Compulsive Disorder
42.	Panic Disorder
43.	Post-Traumatic Stress Disorder
44.	Tourette's Syndrome
45.	Zollinger-Ellison Syndrome

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



**GET UP TO
R5 000
EXTRA BENEFITS**

**TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS**



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
STANDARD & STANDARD SELECT	Level 1	R1 000
	Level 2	R4 000
	Total	R5 000

HOW TO ACTIVATE IT

- To activate **Level 1**, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate **Level 2** and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- R195 per month for antenatal vitamins during pregnancy (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultation per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R2 050 per family (for women aged up to 50)

STANDARD:

- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

STANDARD SELECT:

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies

CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

CARE PROGRAMMES



HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW

WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the Standard Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

	STANDARD		STANDARD SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R34 020 per family, in and out-of-hospital	Pre-authorisation required	R34 020 per family, in and out-of-hospital	Pre-authorisation required
	R1 860 co-payment per scan event except for PMB		R1 860 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	R57 630 per family	Managed Care protocols apply	R57 630 per family	Managed Care protocols apply
	Sublimit of R6 860 per breast prosthesis (limited to 2 per year)		Sublimit of R6 860 per breast prosthesis (limited to 2 per year)	
INTERNAL AND EXTERNAL PROSTHESES	Subject to an assessment and/or conservative treatment by the DSP		Subject to an assessment and/or conservative treatment by the DSP	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 11)	Avoid a R37 080 co-payment by using the DSP		Avoid a R37 080 co-payment by using the DSP	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 13)	R215 800 per family		R215 800 per family	
INTERNAL NERVE STIMULATORS	PMB only		PMB only	
COCHLEAR IMPLANTS	Avoid a R7 420 co-payment by using the DSP		Avoid a R7 420 co-payment by using the DSP	
CATARACT SURGERY	R51 900 per family	No cover for physiotherapy for mental health admissions	R51 900 per family	No cover for physiotherapy for mental health admissions
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 11)	Avoid a 30% co-payment by using a hospital on the applicable network		Avoid a 30% co-payment by using a hospital on the applicable network	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 11)
PET SCANS <small>NEW</small> (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 12)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

STANDARD	
Limited to a 7-day supply up to R605 per hospital stay	
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R157 800 can be used for specialised drugs (including biological drugs)
1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a network day hospital	

STANDARD SELECT	
Limited to a 7-day supply up to R605 per hospital stay	
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R157 800 can be used for specialised drugs (including biological drugs)
1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R5 440 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT
AFRICA BENEFIT

Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

HOSPITAL




**BONESSENTIAL
BONESSENTIAL SELECT
2025**

Bonitas
Medical Aid for South Africa






WHAT YOU PAY

BONESSENTIAL

 MAIN MEMBER	R2 509
 ADULT DEPENDANT	R1 854
 CHILD DEPENDANT	R811

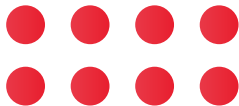
BONESSENTIAL PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

BONESSENTIAL SELECT

 MAIN MEMBER	R2 192
 ADULT DEPENDANT	R1 606
 CHILD DEPENDANT	R723

BONESSENTIAL SELECT USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonEssential Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

BONESSENTIAL

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses.

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI'S AND CT SCANS (SPECIALISED RADIOLOGY)
CATARACT SURGERY
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY AND BIOKINETICS
INTERNAL AND EXTERNAL PROSTHESES
HOSPITALISATION FOR DENTISTRY (GENERAL ANAESTHETIC)
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)

Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R15 960 per family, in and out-of-hospital	Pre-authorisation required
R2 800 co-payment per scan event except for PMB	
Avoid a R7 420 co-payment by using the DSP	
PMB only	Subject to referral by treating practitioner
PMB only	Subject to referral by treating practitioner
PMB only	Managed Care protocols apply
Pre-authorisation required	Managed Care protocols apply
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth
R38 780 per family	No cover for physiotherapy for mental health admissions

BONESSENTIAL SELECT

Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R15 960 per family, in and out-of-hospital	Pre-authorisation required
R2 800 co-payment per scan event except for PMB	
Avoid a R7 420 co-payment by using the DSP	
PMB only	Subject to referral by treating practitioner
PMB only	Subject to referral by treating practitioner
PMB only	Managed Care protocols apply
Pre-authorisation required	Managed Care protocols apply
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth Avoid a 30% co-payment by using a hospital on the applicable network
R38 780 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONESSENTIAL	
Limited to a 7-day supply up to R470 per hospital stay	
R60 900 per family	
R20 310 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs at a DSP	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a network day hospital	

BONESSENTIAL SELECT	
Limited to a 7-day supply up to R470 per hospital stay	
R60 900 per family	
R20 310 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs at a DSP	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R5 440 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)

R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
<ol style="list-style-type: none"> Colonoscopy Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible Sigmoidoscopy Functional Nasal Surgery Gastrosocopy Hysteroscopy (not Endometrial Ablation) Myringotomy Tonsillectomy and Adenoidectomy Umbilical Hernia Repair Varicose Vein Surgery 	<ol style="list-style-type: none"> Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy Nissen Fundoplication (Reflux Surgery)

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonEssential and BonEssential Select cover you for the **28** chronic conditions listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorization is required.

BONESSENTIAL

& BONESSENTIAL SELECT

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations and other out-of-hospital medical expenses. Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses. See page 7 for more information.

BONESSENTIAL

& BONESSENTIAL SELECT

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
IN-ROOM PROCEDURES

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required

ADDITIONAL BENEFITS

BONESSENTIAL

& BONESSENTIAL SELECT

INTERNATIONAL TRAVEL BENEFIT
AFRICA BENEFIT

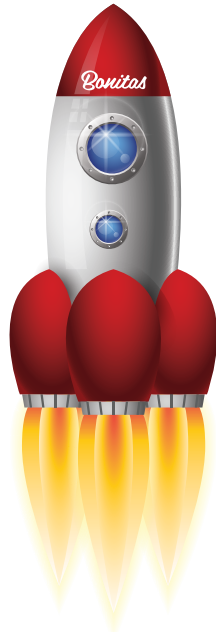
Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



GET UP TO
R1 160
EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonEssential	R1 160
BonEssential Select	R1 160

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- **R195 per month for antenatal vitamins during pregnancy** (Paid from available Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 1 GP consultation per child between ages 2 and 12
- **Milestone reminders for children under 3 years**
- **Online screenings for infant and toddler health**
- 2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- **Early identification of high-risk pregnancies**
- **Weekly engagement for high-risk pregnancies**
- **Post-childbirth follow-up calls**
- **Online assessments for pregnancy and mental health**

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 580 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies



CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

HOSPITAL






HOSPITAL STANDARD

2025

Bonitas
Medical Aid for South Africa



WHAT YOU PAY

 MAIN MEMBER	R3 252
 ADULT DEPENDANT	R2 739
 CHILD DEPENDANT	R1 236

HOSPITAL STANDARD USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital on the applicable network. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R32 040 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only	Subject to referral by treating practitioner
INTERNAL PROSTHESES	R54 270 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
HOSPITALISATION FOR DENTISTRY (GENERAL ANAESTHETIC)	A co-payment of R3 500 per admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Managed Care and admission protocols apply
	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	Pre-authorisation required
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS SEDATION)	Managed Care protocols apply	Pre-authorisation required
	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 8)	R38 780 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R575 per hospital stay	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

PHYSICAL REHABILITATION	R60 900 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 8)	Unlimited for PMBs	R168 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
	Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	Unlimited	Sublimit of R38 670 per beneficiary for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 9)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
	<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations and other out-of-hospital medical expenses.

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

Hospital Standard covers you for the **28** chronic conditions listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation required.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital

NEW



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website
- **Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years**

NEW



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R2 050 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies

CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



NEW

GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

EDGE

**BONSTART
BONSTART PLUS**




2025

Bonitas
Medical Aid for South Africa

Bonitas
Medical Aid for South Africa




WHAT YOU PAY

BONSTART

 MAIN MEMBER	R1 498
 ADULT DEPENDANT	R1 498
 CHILD DEPENDANT	R1 498

BONSTART USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

BONSTART PLUS

 MAIN MEMBER	R1 907
 ADULT DEPENDANT	R1 813
 CHILD DEPENDANT	R840

BONSTART PLUS USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 6 for more information.

	BONSTART		BONSTART PLUS	
VIRTUAL CARE GP AND NURSE CONSULTATIONS	Unlimited network GP and Nurse Virtual Care consultations		Unlimited network GP and Nurse Virtual Care consultations	
GP CONSULTATIONS	Unlimited network GP consultations	Authorisation required after 6th visit	Unlimited network GP consultations	Authorisation required after 10th visit
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)	R125 co-payment per visit	2 non-network GP consultations for emergencies per family	R70 co-payment per visit	2 non-network GP consultations for emergencies per family
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)	Limited to R1 780 per family	Subject to the radiology and pathology formulary	Limited to R3 320 per family	Subject to the radiology and pathology formulary
SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRAL)	For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use 		For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use 	
OPTOMETRY	Limited to R110 per event	Maximum of R545 per family, per year	Limited to R175 per event	Maximum of R825 per family, per year
	Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network	Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
	Limited to 1 visit per family up to R1 320	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist	Limited to 2 visits per family up to R2 380	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
	R265 co-payment per visit	Subject to GP referral	R125 co-payment per visit	Subject to GP referral
	1 eye test per beneficiary at a network provider	R110 co-payment	1 eye test per beneficiary at a network provider	R110 co-payment
	Limited to R400 at a non-network provider		Limited to R400 at a non-network provider	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BASIC DENTISTRY
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
IN-ROOM PROCEDURES
PHYSIOTHERAPY
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 9)
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)

BONSTART	
1 dental consultation per beneficiary	R125 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
PMB only	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
2 consultations per beneficiary for sport-related injuries	R125 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP

BONSTART PLUS	
1 dental consultation per beneficiary	R70 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
R6 600 per family	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
4 consultations per beneficiary for sport-related injuries	R70 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonStart and BonStart Plus cover you for the **28** chronic conditions listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation is required.

BONSTART

& BONSTART PLUS

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R160 per beneficiary, per month)
-----	---

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT

AFRICA BENEFIT

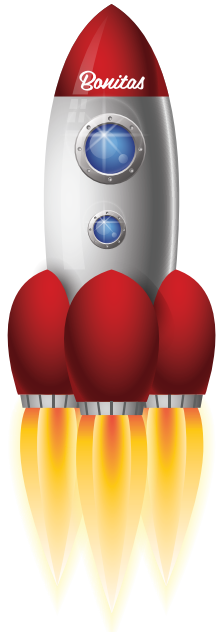
Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



GET UP TO
R1 160
EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonStart	R1 160
BonStart Plus	R1 160

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE



MATERNITY CARE

NEW

- R195 per month for antenatal vitamins during pregnancy (Paid from available Benefit Booster, subject to formulary)

BONSTART PLUS ONLY

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)



CHILDCARE

NEW

- Babyline: 24/7 helpline for medical advice for children under 3 years
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital

BONSTART PLUS ONLY

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health

NEW





BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 270 for BonStart & R1 540 for BonStart Plus per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies



CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme



NEW

FEMALE HEALTH

- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

CARE PROGRAMMES



HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for members who had a positive cytology test
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to the applicable hospital network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you can avoid a R12 680 co-payment by using a hospital on the applicable network.

	BONSTART		BONSTART PLUS	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 780 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 190 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R30 880 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R22 430 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R14 090 per family	Pre-authorisation required	R19 130 per family	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB		R2 240 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited at the applicable hospital network	Avoid a R12 680 co-payment by using a hospital on the applicable network	Unlimited at the applicable hospital network	Avoid a R12 680 co-payment by using a hospital on the applicable network
CHILDBIRTH	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
	Limited to R55 080 per family except for PMB		Limited to R55 080 per family except for PMB	
NEONATAL CARE	PMB only	Managed Care protocols apply	R19 130 per family (no cover for joint replacement except for PMB)	
INTERNAL PROSTHESES	PMB only		Managed Care protocols apply	Pre-authorisation required
EXTERNAL PROSTHESES	PMB only		PMB only	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 9)	PMB only	No cover for physiotherapy for mental health admissions	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R12 680 co-payment by using a hospital on the applicable network		Avoid a R12 680 co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R465 per hospital stay		Limited to a 7-day supply up to R465 per hospital stay	
PHYSICAL REHABILITATION	R60 210 per family	Pre-authorisation required	R60 210 per family	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 9)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R17 340 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R7 130 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
PMB only	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP
Avoid a R12 680 co-payment by using a network day hospital	

R20 090 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R7 130 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
Avoid a 25% co-payment by using a provider on the network	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP
Avoid a R12 680 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R3 040 co-payment (Applies in addition to non-network hospital co-payment)	
1. Arthroscopy (when done as part of a surgical procedure)	
2. Laparoscopic Hysterectomy	
Back and neck surgery	Joint replacement surgery
Correction of Hallux Valgus	Functional nasal surgery
Varicose vein surgery	Oesophageal reflux and hernia repair surgery
Non-cancerous breast conditions	Gastroscopies, colonoscopies and all other endoscopies
Nail disorders	Knee and shoulder surgery
Skin disorders, including benign growths and lipomas	In-hospital dental surgery
Healthcare services for which admission to hospital is not necessary	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

MEMBERSHIP

MAKE THE MOST OF YOUR BONITAS MEMBERSHIP WITH THE MEMBER INFORMATION HUB ON OUR WEBSITE!

We know that medical aid can be confusing at times, but we've made it easy for you to quickly access essential medical aid information. And there is no need to log in, just info at the click of a button, like:

- How to get your claims paid quickly
- Effortlessly getting hospital authorisations
- Registering your chronic medicine
- Accessing our maternity programme
- Getting more benefits with the Benefit Booster
- Going for a free wellness screening
- And much more...

You can also make use of the new **“Quick find”** search function on our website to quickly find answers to frequently asked medical aid-related questions!

TO JOIN SPEAK TO YOUR **FINANCIAL ADVISOR**,
OR VISIT **BONITAS.CO.ZA**

 Bonitas WhatsApp 060 070 2491

 bonitas.co.za/member

 www.bonitas.co.za

 Bonitas Member App

 Bonitas Medical Fund

 @BonitasMedical