

A man with grey hair is kissing a woman on the cheek. They are sitting in a field of tall grass. The man is wearing a grey jacket over a plaid shirt. The woman is wearing a patterned jacket and is smiling broadly. The background is a soft-focus landscape under a bright sky.

BONCOMPREHENSIVE & BONCOMPLETE

SAVINGS

2022

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

BONCOMPREHENSIVE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R8 217	R7 749	R1 672

BONCOMPLETE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R4 570	R3 660	R1 241

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

WANT TO JOIN?

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

ALREADY A MEMBER? TALK TO US



Bonitas Member App



bonitas.co.za/member



www.bonitas.co.za



Bonitas Medical Fund



@BonitasMedical

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za. Benefits are subject to approval from the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.

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 assessment, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

SAVINGS
SELF-PAYMENT GAP
THRESHOLD LEVEL
ABOVE THRESHOLD BENEFIT

BONCOMPREHENSIVE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R18 600	R17 532	R3 780
R4 380	R3 630	R1 660
R22 980	R21 162	R5 440
UNLIMITED		

BONCOMPLETE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R8 208	R6 576	R2 232
R1 900	R1 610	R415
R10 108	R8 186	R2 647
R5 050	R2 970	R1 290

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.

OUT-OF-HOSPITAL

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
ACUTE MEDICINE

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
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R34 340 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
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 R15 000 per family combined with over-the-counter medicine

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
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R25 570 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
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	

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OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIKINETICS
MENTAL HEALTH CONSULTATIONS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES (CLEAR)
FRAMES
CONTACT LENSES
HEARING AIDS

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 R15 000 per family combined with acute medicine 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 R17 070 per family		
Paid from available savings	Subject to frequency limits and Managed Care protocols		
Paid from available savings and/or above threshold benefit, limited to R3 500 per beneficiary, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 per beneficiary, at a network provider	OR	R350 per beneficiary, at a non-network provider	
100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider			
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)			
R28 250 per family, once every 5 years (based on the date of your previous claim)	10% co-payment applies		

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	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 R17 070 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, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 per beneficiary, at a network provider	OR	R350 per beneficiary, at a non-network provider	
100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider			
R855 per beneficiary			
R2 105 per beneficiary			
Paid from available savings and/or above threshold benefit	Available once every 5 years (based on the date of your previous claim)		

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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
IMPLANTS AND ASSOCIATED LABORATORY COSTS

BONCOMPREHENSIVE	
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-authorisation 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-authorisation 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-authorisation required
2 implants per beneficiary, every 5 years	Cost of implant components limited to R2 994 per implant

BONCOMPLETE	
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	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-authorisation 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-authorisation required
No benefit	

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BONCOMPREHENSIVE

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 18 years
Managed Care protocols apply	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	Managed Care protocols apply
Pre-authorisation required	

BONCOMPLETE

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 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
Managed Care protocols apply	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	Managed Care protocols apply
Pre-authorisation required	

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)

Managed Care protocols apply	
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 wisdom teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

Managed Care protocols apply	
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 wisdom teeth or any other medical condition	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 wisdom teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R15 160** per beneficiary and **R30 190** per family on the applicable medicine formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

You must get your medicine from the Bonitas Pharmacy Network. 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

39.	Dermatomyositis
40.	Depression
41.	Eczema
42.	Gastro-Oesophageal Reflux Disease (GORD)
43.	Generalised Anxiety Disorder

50.	Obsessive Compulsive Disorder
51.	Osteoporosis
52.	Paget's Disease
53.	Panic Disorder
54.	Polyarteritis Nodosa

& BONCOMPLETE

BonComplete offers cover for **31** chronic conditions, using the applicable medicine 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 40% co-payment.

Pre-authorisation is required.

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BONCOMPREHENSIVE

33.	Attention Deficit Disorder (in children aged 5-18)	44.	Gout	55.	Post-Traumatic Stress Disorder
34.	Barrett's Oesophagus	45.	Huntington's Disease	56.	Pulmonary Interstitial Fibrosis
35.	Behcet's Disease	46.	Hyperthyroidism	57.	Psoriatic Arthritis
36.	Bulimia Nervosa	47.	Myasthenia Gravis	58.	Systemic Sclerosis
37.	Cystic Fibrosis	48.	Narcolepsy	59.	Tourette's Syndrome
38.	Dermatitis	49.	Neuropathies	60.	Zollinger-Ellison Syndrome

BONCOMPLETE

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

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ADDITIONAL BENEFITS

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

CONTRACEPTIVES

- R1 720 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives (BonComplete only)
- If you choose not to use a Designated Service Provider, a 40% co-payment applies (BonComplete only)



CHILDCARE

- Hearing screening for newborns, 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 according to Expanded Programme on Immunisation in South Africa up to the age of 12

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

WELLNESS BENEFITS

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day
- Wellness screening includes the following tests:
 - Blood pressure
 - Glucose
 - Cholesterol
 - Body Mass Index
 - Waist-to-hip ratio



MATERNITY CARE

BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 330 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

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 330 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)

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



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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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 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



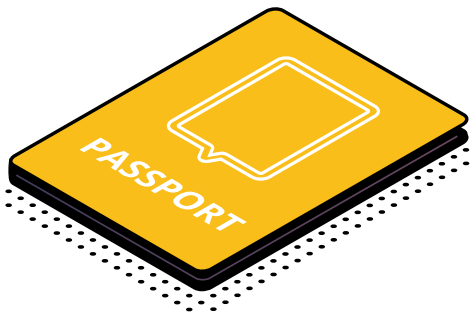
INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for compulsory COVID-19 test and medical quarantine up to R10 000 per person

AFRICA BENEFIT

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



NEW

Replaces Wellness Extender



BENEFIT BOOSTER

Available after completing a wellness screening or online wellness assessment

BONCOMPREHENSIVE

R2 730

BONCOMPLETE

R1 880

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations and treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness assessment

(All claims are paid at the Bonitas Rate)

MANAGED CARE PROGRAMMES

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



MENTAL WELLNESS

- Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- 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 assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition
- Provides educational material about mental health which empowers you to manage your condition



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)
- Delivers cost-effective care of the highest quality
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists



HIV/AIDS

- Provides you with appropriate treatment and tools to live a normal life
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- 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
- Gives ongoing patient support via a team of trained and experienced counsellors
- Helps in finding a registered counsellor for emotional support



HOME-BASED CARE (provided by Quro Medical Services)

Our home-based care offers:

- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- Care for any acute condition deemed appropriate by your treating doctor i.e. pneumonia, COVID-19, Blood clots (DVT)
- A team of trained healthcare professionals that'll bring all the essential elements of hospital care to your home
- Remote Patient Monitoring including an admission cycle of 5 days, 24/7 vital signs monitoring, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and ambulance services
- Hospital-at-Home – this includes remote patient monitoring, daily visits for 3 days, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)

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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
- Helps you track the results of the required tests
- Provides education to help you understand your condition better



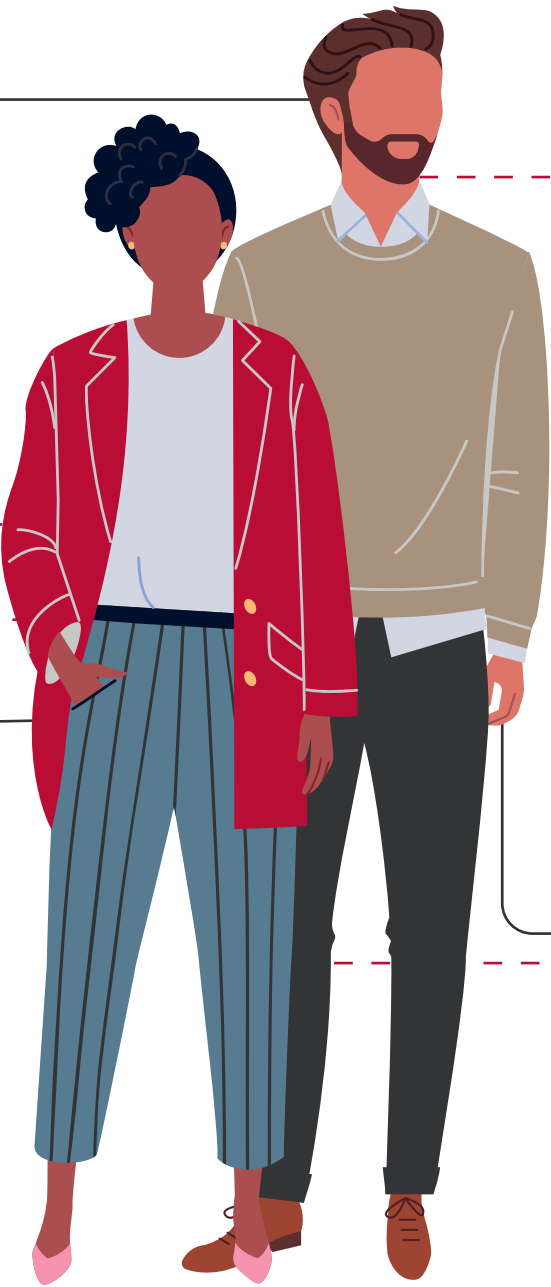
BACK AND NECK

- Helps manage severe back and neck pain
- Includes assistance from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results
- Highly effective and low-risk, with an excellent success rate
- Offers a personalised treatment plan for up to 6 weeks, including assistance from doctors, physiotherapists and biokineticists
- We cover the cost of the programme
- Uses the DBC network
- Access to the eDBC app for digital coaching solutions and home-based care - including two exercise sessions a week



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 outcomes
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks



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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.

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI_s AND CT SCANS (SPECIALISED RADIOLOGY)
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
INTERNAL AND EXTERNAL PROSTHESES
INTERNAL NERVE STIMULATORS
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESIS)
COCHLEAR IMPLANTS
CATARACT SURGERY
REFRACTIVE SURGERY

BONCOMPREHENSIVE	
Unlimited, covered at 150% 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	
R34 340 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
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
R60 380 for internal prosthesis per family	
R60 380 for external prosthesis per family	Sublimit of R5 760 per breast prosthesis (limited to 2 per year)
R181 400 per family	
R255 700 per beneficiary	
R304 300 per family	
You must use a Designated Service Provider, or a R6 230 co-payment will apply	
R22 760 per family	Pre-authorisation required

BONCOMPLETE	
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	
R25 570 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
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
R48 440 per family	Managed Care protocols apply
Sublimit of R5 760 per breast prosthesis (limited to 2 per year)	
No benefit	
No benefit	
No benefit	
You must use a Designated Service Provider, or a R6 230 co-payment will apply	
No benefit	

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SPINAL SURGERY
HIP AND KNEE REPLACEMENTS
MENTAL HEALTH HOSPITALISATION
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (ONCOLOGY ONLY)
CANCER TREATMENT
CANCER MEDICINE
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS

BONCOMPREHENSIVE	
You will have to pay a R15 590 co-payment if you do not go for an assessment through the Back and Neck programme	
You will have to pay a R31 170 co-payment if you voluntarily decide not to use the Designated Service Provider	
R50 360 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R595 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
R618 500 per family, unless PMB	R245 400 of this can be used for specialised drugs (including biological drugs)
Sublimit of R51 000 per beneficiary for Brachytherapy	
Subject to MPL and preferred product list	You must use a Designated Service Provider, or a 20% co-payment will apply
R207 900 per family	
Unlimited	Sublimit of R34 520 per beneficiary for corneal grafts
Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply

BONCOMPLETE	
You will have to pay a R15 590 co-payment if you do not go for an assessment through the Back and Neck programme	
You will have to pay a R31 170 co-payment if you voluntarily decide not to use the Designated Service Provider	
R34 610 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R450 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
R344 500 per family, unless PMB	Managed Care protocols apply
Sublimit of R51 000 per beneficiary for Brachytherapy	
Subject to MPL and preferred product list	You must use a Designated Service Provider, or a 20% co-payment will apply
PMB only	
Unlimited	Sublimit of R34 520 per beneficiary for corneal grafts
Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

HIV/AIDS

DAY SURGERY PROCEDURES
(APPLIES TO SELECTED PROCEDURES)

BONCOMPREHENSIVE

Unlimited, if you register on the HIV/AIDS programme

You must use a network day hospital or a R2 290 co-payment will apply

BONCOMPLETE

Unlimited, if you register on the HIV/AIDS programme

Chronic medicine must be obtained from the Designated Service Provider

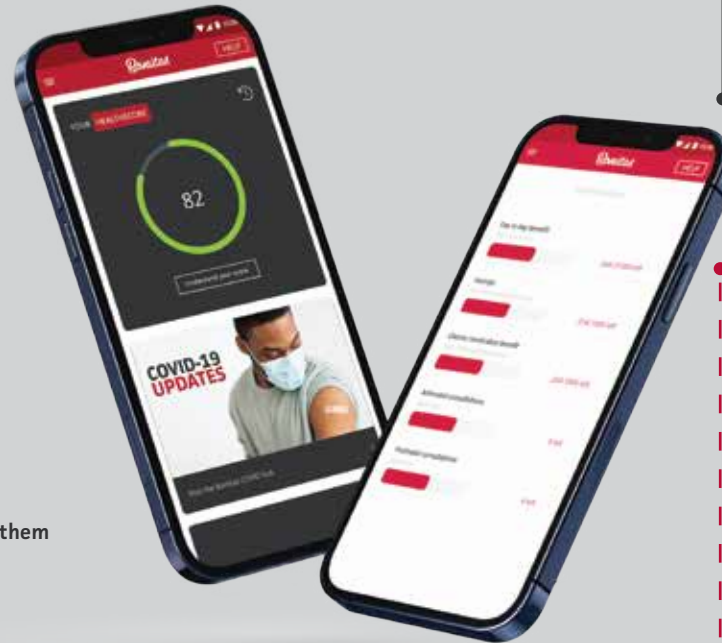
You must use a network day hospital or a R2 290 co-payment will apply

DOWNLOAD THE NEW BONITAS MEMBER APP

MANAGING YOUR MEDICAL AID IS EASY

With the new app you can:

- Check your benefits
- Find a network provider
- Have a virtual consultation with a GP
- See the balance of your Medical Savings Account
- Submit your medication script to Pharmacy Direct for delivery
- Chat to a call centre agent
- Access and download your documents i.e. tax certificates and monthly statements
- Save and access information for emergency contacts
- Access your digital membership card
- Update important information for you and everyone on your plan
- Create a medicine list with the medicine scanner and get reminders of when to take them



GET IN TOUCH WITH
US ON WHATSAPP
0600 702 491

This easy and reliable platform gives you another self-service channel to access your medical aid information and get in touch with us.

You can:

- Get your statements
- Save your electronic membership card
- View claims for the last 90 days
- Download your tax certificate or certificate of membership
- Chat live to resolve queries



AMP UP YOUR WELLNESS!

AMP is a brand-new section in the app which aims to change the health and wellness behaviour of our members and beneficiaries, guiding you to a healthier you. It's absolutely free and available to all members and beneficiaries who are 18 years and older.

- Create your own avatar
- Get a health score for yourself and each of your dependants
- Receive nudges to educate and guide you to a healthier lifestyle
- Earn badges (and bragging rights!) for completing health questionnaires or a health risk assessment
- Get access to bespoke eating plans from EatForLife
- Access virtual gym sessions
- Access the AVO store which offers:
 - Lifestyle rewards
 - Discounted deals from more than 7 000 different merchants
 - 1% cashback on all purchases
 - Free delivery on orders over R450

DOWNLOAD NOW!

