




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.

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 | |
|--|---|
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| 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 |
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| Paid from available savings | |

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

| |
|---|
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS |
| OPTOMETRY |
| EYE TESTS |
| SINGLE VISION LENSES (CLEAR) OR |
| BIFOCAL LENSES (CLEAR) OR |
| MULTIFOCAL LENSES |
| FRAMES |
| CONTACT LENSES |
| GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) |
| IN-ROOM PROCEDURES |
| EXTERNAL PROSTHESES |
| MRIs AND CT SCANS (SPECIALISED RADIOLOGY) |
| MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10) |
| BASIC DENTISTRY |
| CONSULTATIONS |
| X-RAYS: INTRA-ORAL |
| X-RAYS: EXTRA-ORAL |
| PREVENTATIVE CARE |
| FILLINGS |

| | | |
|---|-----------|---|
| 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-authorisation required |
| Paid from available savings | | |
| R30 430 per family, in and out-of-hospital | | Pre-authorisation 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-authorisation required |
| PMB only | | |
| Paid from available savings | | Pre-authorisation 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 |
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| |
|---|
| 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 | |
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| 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. All benefits are approved 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 | 10. | Crohn's Disease | 19. | Hyperlipidaemia |
| 2. | Asthma | 11. | Diabetes Insipidus | 20. | Hypertension |
| 3. | Bipolar Mood Disorder | 12. | Diabetes Type 1 | 21. | Hypothyroidism |
| 4. | Bronchiectasis | 13. | Diabetes Type 2 | 22. | Multiple Sclerosis |
| 5. | Cardiac Failure | 14. | Dysrhythmias | 23. | Parkinson's Disease |
| 6. | Cardiomyopathy | 15. | Epilepsy | 24. | Rheumatoid Arthritis |
| 7. | Chronic Obstructive Pulmonary Disease | 16. | Glaucoma | 25. | Schizophrenia |
| 8. | Chronic Renal Disease | 17. | Haemophilia | 26. | Systemic Lupus Erythematosus |
| 9. | Coronary Artery Disease | 18. | HIV/AIDS | 27. | Ulcerative Colitis |

ADDITIONAL CONDITION COVERED

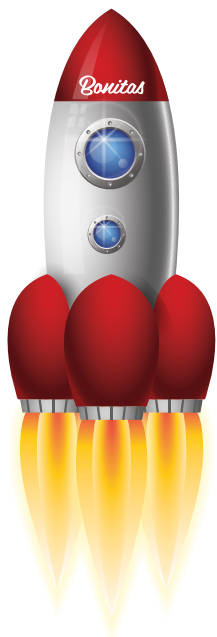
| | |
|-----|---|
| 28. | Depression (medication up to R160 per beneficiary, per month) |
|-----|---|

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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 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)
- 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 under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day.



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 by an ophthalmologist 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



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



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



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

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.

| | BONSAVE | | BONFIT 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) | R30 430 per family, in and out-of-hospital | Pre-authorisation required | R20 550 per family | Pre-authorisation required |
| | R1 860 co-payment per scan event except for PMB | | R1 860 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) | Subject to available savings, except for PMB | Covered at the Bonitas Rate | Subject to available savings, except for PMB | Covered at the Bonitas Rate |
| | Subject to referral by treating practitioner | | Subject to referral by treating practitioner | |
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS | Subject to available savings, except for PMB | Covered at the Bonitas Rate | Subject to available savings, except for PMB | Covered at the Bonitas Rate |
| | Subject to referral by treating practitioner | | Subject to referral by treating practitioner | |
| INTERNAL PROSTHESES | R41 070 per family (no cover for joint replacement except for PMB) | Managed Care protocols apply | PMB only | Managed Care protocols apply |
| MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10) | R41 190 per family | No cover for physiotherapy for mental health admissions | 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 | | Avoid a 30% co-payment by using a hospital on the applicable network | |
| TAKE-HOME MEDICINE | Limited to a 7-day supply up to R500 per hospital stay | | Limited to a 7-day supply up to R500 per hospital stay | |
| PHYSICAL REHABILITATION | R64 680 per family | | R64 680 per family | |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) | R21 570 per family | Managed Care protocols apply | R21 570 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 |

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| 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 | |

| 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 | |

| 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) |

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. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



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!

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