





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.

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.

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



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

PRIMARY

PRIMARY SELECT

DAY-TO-DAY BENEFITS

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

R5 330	
R8 520	
R10 650	
R11 720	

DAY-TO-DAY SUBLIMITS

MAIN MEMBER + 3 OR MORE DEPENDANTS

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

MAIN MEMBER ONLY

MAIN MEMBER ONLY

MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS

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

PRIMARY & PRIMARY SELECT 2025 OUT-OF-HOSPITAL BENEFITS

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 wis specialist day-to-day benefit	ill be paid from the available GP &
R15 960 per family in and	

Pre-authorisation required out-of-hospital

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

Each beneficiary

contact

lenses

Once every 2 years (based on the date can choose OR of your previous claim) alasses R400 per beneficiary for an eye 1 consultation per beneficiary, at a examination, at a non-network

network provider provider 100% towards the cost of lenses at R215 per lens, per beneficiary, out of network rates network 100% towards the cost of lenses at R460 per lens, per beneficiary, out of network rates 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 R476 per beneficiary at a non-network provider 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 Pre-authorisation required Each beneficiary contact

Once every 2 years (based on the date OR can choose of your previous claim) glasses

R400 per beneficiary for an eye 1 consultation per beneficiary, at examination, at a non-network a network provider provider 100% towards the cost of lenses at R215 per lens, per beneficiary, out of

network

lenses

100% towards the cost of lenses at R460 per lens, per beneficiary, out of network rates 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 R476 per beneficiary at a

non-network provider network provider

R1 475 per beneficiary

network rates

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

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

PRIMARY Covered at 75% of the Bonitas Dental 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 Fissure sealants are only covered for 2 annual scale and polish treatments per beneficiary (once every 6 months) 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 Benefit for re-treatment of a tooth is tooth, every 2 years subject to Managed Care protocols A treatment plan and X-rays may be required for multiple fillings Benefit for root canal includes all teeth Managed Care protocols apply except primary teeth and permanent molars 1 set of plastic dentures (an upper and a lower), once every 4 years for

PRIMARY SELE	CT	
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 tee except primary teeth and permanen 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	

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL

SURGERY IN THE DENTAL CHAIR

ROOMS (IV CONSCIOUS SEDATION)

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

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

beneficiaries 21 years and older 25% co-payment applies

CHRONIC BENEFITS

Primary and Primary Select cover you for the 28 chronic conditions listed below on the applicable formulary. You must use the Marara Pharmacy 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-authorisation 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	



BENEFIT BOOSTER





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)
- 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.

(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)



MATERNITY PROGRAMME

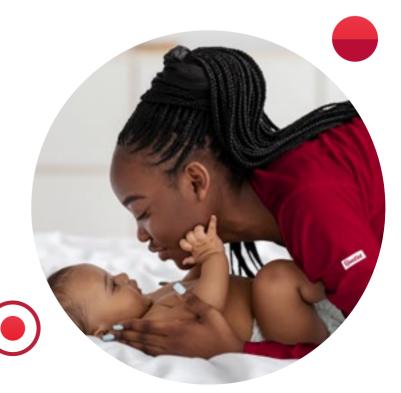
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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



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 by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital





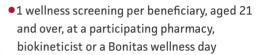
BE BETTER BENEFIT



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





- 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)

COCC

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



- 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



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- \bullet 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 these 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)

PRIMARY		
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 240 co-payment per scan event except for PMB		
Avoid a R7 420 co-payment by using the DSP		
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	
PMB only	Managed Care protocols apply	
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		
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	

PRIMARY 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 240 co-payment per scan event except for PMB			
Avoid a R7 420 co-payment by using the DSP			
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		
PMB only	Managed Care protocols apply		
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			
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		
	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker		

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

PRIMARY & PRIMARY SELECT 2025 IN-HOSPITAL BENEFITS

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)

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			
R224 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 fo Brachytherapy			
Avoid a 25% co-payment by using a provider on the network			
Avoid a 20% co-payment by using a DSP			
Avoid a 20% co-payment by using a DSP			
Chronic medicine must be obtained from the DSP			

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

	R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
	L. 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)	Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy Nissen Fundoplication (Reflux Surgery)
ı I			

Ponitas

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





www.bonitas.co.za



f Bonitas Medical Fund

