## BONSTART BONSTART PLUS





Medical Aid for South Africa



EDGE



## **WHAT YOU PAY**

### **BONSTART**

| $\bigcirc$ | MAIN<br>MEMBER     | R1 498 |
|------------|--------------------|--------|
| <b>A</b>   | ADULT<br>DEPENDANT | R1 498 |
| (F)        | CHILD<br>DEPENDANT | R1 498 |

### **BONSTART PLUS**

| IAIN<br>IEMBER       | R1 907 |
|----------------------|--------|
| <br>DULT<br>EPENDANT | R1 813 |
| HILD<br>EPENDANT     | R840   |

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

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

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

BONSTART & BONSTART PLUS 2025

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

VIRTUAL CARE GP AND NURSE

**EMERGENCY ROOM BENEFIT (N** (FOR EMERGENCIES ONLY)

**GP-REFERRED ACUTE MEDICIN** X-RAYS AND BLOOD TESTS

**OVER-THE-COUNTER MEDICIN** (INCLUDES A LIST OF SPECIFIED

SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRA

SUPPLEMENTS)

**OPTOMETRY** 

CONSULTATIONS

GP CONSULTATIONS

#### BONSTART

| 1    | Unlimited network GP and Nurse Virtual Care consultations  |   |     | Unlimited network GP and Nurse Virtual Care consultation   |   |  |
|------|--|---|-----|--|---|--|
|      | Unlimited network GP consultations   | Authorisation required after 6th visit  |     | Unlimited network GP consultations   | Authorisation requir  |  |
|      | R125 co-payment per visit  | 2 non-network GP consultations for<br>emergencies per family  |     | R70 co-payment per visit   | 2 non-network GP co<br>emergencies per fan                            |  |
| NEW) | 2 emergency consultations per family<br>at a casualty ward or emergency room<br>facility of a hospital   |   |     | 2 emergency consultations per family<br>at a casualty ward or emergency room<br>facility of a hospital   | Benefit limited to er   |  |
|      | Limited to R1 780 per family   | Subject to the radiology and pathology formulary  |     | Limited to R3 320 per family   | Subject to the radio<br>formulary                                     |  |
| NE,  | For acute medicine:<br>• A 20% co-payment will apply per script<br>• Avoid a 40% co-payment by using the Bonitas Pharmacy Network<br>• Subject to medicine formulary use |   |     | For acute medicine:<br>• A 20% co-payment will apply per script<br>• Avoid a 40% co-payment by using the Bonitas Pharmacy Net<br>• Subject to medicine formulary use |   |  |
| NE   | Limited to R110 per event  | Maximum of R545 per family, per year  |     | Limited to R175 per event  | Maximum of R825 p   |  |
| D    | Avoid a 20% co-payment by using<br>medicine that is on the formulary and<br>completing your wellness screening   | Avoid a 20% co-payment by using the<br>Bonitas Pharmacy Network   |     | Avoid a 20% co-payment by using<br>medicine that is on the formulary and<br>completing your wellness screening   | Avoid a 20% co-payr<br>Bonitas Pharmacy N                             |  |
| AL)  | Limited to 1 visit per family<br>up to R1 320  | Including all acute medicine, basic<br>radiology, specialised radiology and<br>pathology prescribed by the specialist |     | Limited to 2 visits per family<br>up to R2 380   | Including all acute m<br>radiology, specialise<br>pathology prescribe |  |
|      | R265 co-payment per visit  | Subject to GP referral  | ] [ | R125 co-payment per visit  | Subject to GP referra   |  |
|      | 1 eye test per beneficiary at a network provider   | R110 co-payment   |     | 1 eye test per beneficiary at a network provider   | R110 co-payment   |  |
|      | Limited to R400 at a non-network provider  |   |     | Limited to R400 at a non-network provi   | der   |  |
|      |  |   |     |  |   |  |

### **BONSTART PLUS**

| Authorisation required after 10th visit  |  |  |  |  |
|--|--|--|--|--|
| 2 non-network GP consultations for<br>emergencies per family   |  |  |  |  |
| Benefit limited to emergencies only  |  |  |  |  |
| Subject to the radiology and pathology formulary   |  |  |  |  |
| For acute medicine:<br>• A 20% co-payment will apply per script<br>• Avoid a 40% co-payment by using the Bonitas Pharmacy Network<br>• Subject to medicine formulary use |  |  |  |  |
| Maximum of R825 per family, per year   |  |  |  |  |
| Avoid a 20% co-payment by using the<br>Bonitas Pharmacy Network  |  |  |  |  |
| Including all acute medicine, basic<br>radiology, specialised radiology and<br>pathology prescribed by the specialist  |  |  |  |  |
| Subject to GP referral   |  |  |  |  |
| R110 co-payment  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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|   |        | I V . | 2   |    |       |
| _ | $\sim$ |       | -   |    | <br>- |

|   | 1 dental consultation per beneficiary   | R125 co-payment  |  | 1 dental consu                                       |
|---|---|--|--|--|
| BASIC DENTISTRY   | Managed Care protocols apply  | 1 annual scale and polish treatment per<br>beneficiary   |  | Managed Care   |
|   | Fissure sealants are only covered for<br>children under 16 years. Limited to 1<br>per tooth every 3 years | Fluoride treatments are only covered<br>for children from age 5 and younger<br>than 16 years. Limited to 1 treatment<br>per year |  | Fissure sealant<br>children under<br>per tooth ever  |
| GENERAL APPLIANCES<br>(SUCH AS WHEELCHAIRS AND CRUTCHES)                | PMB only  | Subject to frequency limits as per<br>Managed Care protocols   |  | R6 600 per fan                                       |
| IN-ROOM PROCEDURES  | Cover for a defined list of approved procedures performed in the specialist's rooms                       | Pre-authorisation required   |  | Cover for a def<br>procedures pe<br>specialist's roo |
| PHYSIOTHERAPY   | 2 consultations per beneficiary for sport-related injuries  | R125 co-payment  |  | 4 consultation<br>sport-related i                    |
|   | You must get a referral from your network GP or medical specialist  |  |  | You must get a                                       |
| <b>MENTAL HEALTH CONSULTATIONS</b><br>(ALSO SEE CARE PROGRAMMES PAGE 9) | PMB only  |  |  | PMB only   |
| <b>HIV/AIDS</b><br>(ALSO SEE CARE PROGRAMMES PAGE 10)                   | Unlimited, if you register on the<br>HIV/AIDS programme   | Avoid a 30% co-payment by obtaining<br>your chronic medicine from the DSP  |  | Unlimited, if yo<br>HIV/AIDS prog                    |

### **BONSTART PLUS**

| R70 co-payment   |  |  |  |  |
|--|--|--|--|--|
| 1 annual scale and polish treatment per beneficiary  |  |  |  |  |
| Fluoride treatments are only covered<br>for children from age 5 and younger<br>than 16 years. Limited to 1 treatment<br>per year |  |  |  |  |
| Subject to frequency limits as per<br>Managed Care protocols   |  |  |  |  |
| Pre-authorisation required   |  |  |  |  |
| R70 co-payment   |  |  |  |  |
| You must get a referral from your network GP or medical specialist   |  |  |  |  |
| PMB only   |  |  |  |  |
| Avoid a 30% co-payment by obtaining<br>your chronic medicine from the DSP  |  |  |  |  |
|  |  |  |  |  |

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## **CHRONIC BENEFITS**

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

### **BONSTART**

## **& BONSTART PLUS**

#### PRESCRIBED MINIMUM BENEFITS COVERED

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

#### **ADDITIONAL CONDITION COVERED**

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

| 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 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 |                          |  |
|------------------------------|--|--------------------------|--|
| INTERNATIONAL TRAVEL DENEFT  | 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 |  |

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## **Bonitas**

**GET UP TO** 

EXTRA BENEFITS

**TO PAY FOR** 

**CLAIMS** 

Quita

## **BENEFIT BOOSTER**



#### 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.

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#### Annual amount available per family

| IF YOU ARE ON | YOUR BENEFIT<br>BOOSTER AMOUNT |  |  |
|---------------|--------------------------------|--|--|
| BonStart      | R1 160                         |  |  |
| BonStart Plus | R1 160                         |  |  |

#### HOW TO ACTIVATE IT

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

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**

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

#### **BONSTART PLUS ONLY**

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis

• 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

## CHILDCARE

- Babyline: 24/7 helpline for medical advice for children under 3 years
- Milestone reminders for children under 3 years
- NEW 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

#### **BONSTART PLUS ONLY**

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

## **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

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



## **BE BETTER BENEFIT**



## **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16
- Covid-19 vaccines and boosters as directed by the National Department of HealthW
- 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

- Glucose

- Cholesterol

•••

- Body Mass Index
- Waist-to-hip ratio

## **CONTRACEPTIVES**

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

## CARE PROGRAMMES



#### **MENTAL HEALTH**

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

# 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





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

## CARE PROGRAMMES

#### **HOSPITAL-AT-HOME**

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

HIV/AIDS

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

## **IN-HOSPITAL BENEFITS**

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

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

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

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| Image: Construction State Proceedings of the State Pro | ALTERNATIVES TO HOSPITAL   | R17 340 per family   | Pre-authorisation required   | R20 090 per family   | Pre-authorisation required   |  |  |
|---|--|--|--|--|------------------------------|--|--|
| PALLARER       Includes hospice/private nursing, hore asyses, pain management, psychologist       Includes hospice/private nursing, hore asyses, pain management, psychologist         CATARACT SURGERY       Avaid a R7 130 co-payment by using the DSP       Avaid a R7 130 co-payment by using the DSP         CATCER FATINEY       PR8 only       PR8 only       PR8 only         CALCER FATINEY       PR8 only       PR8 only       PR8 only         PR8 only       PR8 only       PR8 only       PR8 only         CALCER FATINEY       PR8 only       PR8 only       PR8 only         CALCER MEDICINE       Splect to Matchine Procisitian magement, psychologist in Marcine 2004 co-payment by using a DSP       Avaid a 20% co-payment by using a provider on the network         CALCER MEDICINE       Splect to Matchine Procisitian magement, psychologist in Marcine 2004 co-payment by using a DSP       Avaid a 20% co-payment by using a DSP         NUX/JDS       PR8 only       Pre-authorisation required       Avaid a 20% co-payment by using a DSP         NUX/MDS       PR8 only       Pre-authorisation required       Avaid a 20% co-payment by using a DSP         NUX/MDS SP  |  | Managed Care protocols apply   |  | Managed Care protocols apply                               |                              |  |  |
| (CANCEB DNL*)     Includes hosper/private nursing, home angren, pain management, psychologist       (CATARACT SURGERY     Includes hosper/private nursing, home angren, pain management, psychologist       (CATARACT SURGERY     Includes hosper/private nursing, home angren, pain management, psychologist       (CATARACT SURGERY     Includes hosper/private nursing, home angren, pain management, psychologist       (CATARACT SURGERY     Includes hosper/private nursing, home angren, pain management, psychologist       (CATARACT SURGERY     PME andy       (CATARAT   |  | Unlimited, subject to using the DSP  | Managed Care protocols apply   | Unlimited, subject to using the DSP                        | Managed Care protocols apply |  |  |
| Detrifier         MB only         MB only         MB only           CANCER REALMENT         Individe of PMBs         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           CANCER MEDICINE         Subject 10 Medicine ProcofinAMMES         Pre-suthorisation required         Avoid a 20% co-payment by using a DSP           CANCER MEDICINE         Subject 10 Medicine Price List and<br>Avoid a 30% co-payment by using a DSP         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MB only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MUXADS         Unlimited, I you register on the<br>MVXADS programme         Vooid a 30% co-payment by using a DSP           MAR only         Pre-suthorisation required         Avoid a 30% co-payment by using a DSP           MAX SUBCEX PROCEDURES         Vooid a 112 680 co-payment by using a DSP           MVXADS programme   |  |  |  |  |                              |  |  |
| CARCER TREATMENT<br>SUBJECT TO REGISTRATION ON THE<br>ONCOLOGY MARAGEMENT FROGRAMME - SEE<br>MARP.90       Inlinited for PMBs       Pre-authorisation required         Avoid a 30% co-payment by using a DSP       Avoid a 30% co-payment by using a DSP       Avoid a 30% co-payment by using a DSP         CARCER MEDICINE       Subject To REGISTRATION ON THE<br>ONCOLOGY MARAGEMENT FROGRAMMEST         ORGAN TRANSPLANTS       Subject To Medicine Price List and<br>Avoid a 30% co-payment by using a DSP       Avoid a 20% co-payment by using a DSP         KIDNEY DIALYSIS       PMB only       Pre-authorisation required       Avoid a 30% co-payment by using a DSP         HIV/ADS<br>LASS SE CLARE PROGRAMMES PLACE TO REGISTRATION ON THE<br>ONCEDURES AVOID A 25% Co-payment by using a DSP       Modid a 30% co-payment by using a DSP         HIV/ADS<br>MIDEY DIALYSIS       PMB only       Pre-authorisation required       Avoid a 30% co-payment by using a DSP         HIV/ADS<br>MIDEY DIALYSIS       Unlimited, if you register on the<br>Noid a 30% co-payment by using a DSP       Modid a 30% co-payment by using a DSP         HIV/ADS<br>MISS SE CLETE D PROCEDURES<br>NPULIES TO SELECTED PROCEDURES<br>COPERATION FOR AND CLEAR PROGRAMMES PLACE TO PRE-AUTHORISATION       Avoid a 712 680 co-payment by using a network day hospital         SUBJECT TO PRE-AUTHORISATION       Noid a 712 680 co-payment by using a network day hospital       Avoid a 812 680 co-payment by using a network day hospital         SUBJECT TO PRE-AUTHORISATION       1. Archroscopy (when dane as part of a surgical procedure)       1. Archrosc   | CATARACT SURGERY   | Avoid a R7 130 co-payment by using the                                     | DSP  | Avoid a R7 130 co-payment by using the DSP                 |                              |  |  |
| SUBJECT TO REGISTATION ON THE<br>WARDING OF WARAGEMENT PROGRAMME_SCE<br>PAGE 90         Unimited for Priosis         pre-authorisation required<br>Avoid a 30% co-payment by using a DSP         Avoid a 30% co-payment by using a DSP         Avoid a 30% co-payment by using a DSP           CALCER MEDICINE         Subject to Non-Site on Prios         Pre-authorisation required<br>Avoid a 20% co-payment by using a DSP         Avoid a 20% co-payment by using a DSP         Avoid a 20% co-payment by using a DSP           CALCER MEDICINE         Subject to Non-Site on Prios         Pre-authorisation required<br>Avoid a 20% co-payment by using a DSP         Avoid a 20% co-payment by using a DSP           MIXADD SECTOR SEC   | DENTISTRY  | PMB only   |  | PMB only   |                              |  |  |
| ONCCLOUGY MANAGEMENT PROCEMANCE - SEE       Avoid a 30% co-payment by using a DSP       Avoid a 30% co-payment by using a DSP         PET SCANS<br>SUBJECT TO REGISTRATION ON THE<br>ONCOLOGY MANAGEMENT PROGRAMMES       Subject to Medicine Price List and<br>preferred product list       Avoid a 20% co-payment by using a DSP         CANCER MEDICINE       Subject to Medicine Price List and<br>preferred product list       Avoid a 20% co-payment by using a DSP         PMB only       Pre-authorisation required         Avoid a 30% co-payment by using a DSP       PMB only         PMB only       Pre-authorisation required         Avoid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 30% co-payment by using a DSP       PMB only         Morid a 20% co-payment by using a DSP       PMB only         Morid a 20% co-payment by using a DSP       PMB only         Morid a 20% co-payment by using a DSP       PMB only         Morid a 20% co-payment by using a DSP       PMB only         Morid a 12 680 co-payment by using a DSP       PMB only         Morid a   |  | Unlimited for PMBs   | Pre-authorisation required   | Unlimited for PMBs   | Pre-authorisation required   |  |  |
| GUBDERCT TO REGISTRATION ON THE<br>ORCOLOGY MANAGEMENT PROGRAMME)         PMB only         Avoid a 20% co-payment by using a DSP           ORGAN TRANSPLANTS         Subject to Medicine Price List and<br>preferred product its:         Avoid a 20% co-payment by using a DSP         PMB only         Pre-authorisation required           Avoid a 30% co-payment by using a DSP         PMB only         Pre-authorisation required         Avoid a 30% co-payment by using a DSP         PMB only         Pre-authorisation required           HVV/ADS         Avoid a 30% co-payment by using a DSP         PMB only         Pre-authorisation required         Avoid a 30% co-payment by using a DSP         PMB only         Pre-authorisation required           HVV/ADS         Avoid a 30% co-payment by using a DSP         Unlimited, if you register on the<br>HV/ALDS programme         Avoid a 30% co-payment by using a DSP         Unlimited, if you register on the<br>HV/ALDS programme         Avoid a 312 680 co-payment by using a network day hospital         Avoid a 812 680 co-payment by using a network day hospital           DAY SURGECAL PROCEDURES<br>(SUBJECT TO PRE-AUTHORISATION)         I: Arthroscopy (when done as part of a surgical procedure)         I: Arthroscopy (when done as part of a surgical procedure)         I: Arthroscopies, colonoscopies, and all other endoscopies           SUBJECT TO PRE-AUTHORISATION)         Eack and neck surgery         Joint replacement surgery         Correction of fallux Valgus         Functional nasal surgery           SUBJECT TO PRE-AUTHORISATION  | ONCOLOGY MANAGEMENT PROGRAMME – SEE  | Avoid a 30% co-payment by using a DSP                                      |  | Avoid a 30% co-payment by using a DSP                      |                              |  |  |
| CARLER MEDILINE     preferred product list     Avoid a 20% co-payment by using a USP       ORGAN TRANSPLANTS     PMB only     Pre-authorisation required       Avoid a 30% co-payment by using a DSP     PMB only     Pre-authorisation required       KIDNEY DIALYSIS     PMB only     Pre-authorisation required       Avoid a 30% co-payment by using a DSP     PMB only     Pre-authorisation required       HW/AIDS     Mode a 30% co-payment by using a DSP     PMB only     Pre-authorisation required       Avoid a 30% co-payment by using a DSP     Unlimited, if you register on the<br>MVXADS programme     Avoid a 30% co-payment by using a DSP       DAY SURGERY PROCEDURES<br>(APPLIES TO SELECTED PROCEDURES)     Avoid a R12 680 co-payment by using a network day hospital     Avoid a R12 680 co-payment by using a network day hospital       R3 040 co-payment (a R12 680 co-payment by using a network day hospital     R3 040 co-payment by using a network day hospital       R3 040 co-payment (Applies in addition to non-network hospital co-payment)     I     Avoid a R12 680 co-payment (Applies in addition to non-network hospital co-payment)       SURGICAL PROCEDURES THAT ARE NOT     R3 040 co-payment (Applies in addition to non-network hospital co-payment)     Joint replacement surgery       SURGICAL PROCEDURES THAT ARE NOT     More ancerous breast conditions     Gastroscopies, colonoscopies and all other endoscopies       SURGICAL PROCEDURES THAT ARE NOT     Non-cancerous breast conditions     Gastroscopies, colonoscopies and all oth   | (SUBJECT TO REGISTRATION ON THE  | PMB only   |  | Avoid a 25% co-payment by using a provider on the network  |                              |  |  |
| ORGAN TRANSPLANTS       Avoid a 30% co-payment by using a DSP         KIDNEY DIALYSIS       Avoid a 30% co-payment by using a DSP         HW/AIDS<br>MASO SEC CARE PROGRAMMES PAGE 10)       PRE-authorisation required<br>Avoid a 30% co-payment by using a DSP         Unlimited, if you register on the<br>MIX/AIDS programme       Avoid a 30% co-payment by using a DSP         Unlimited, if you register on the<br>MIX/AIDS programme       Avoid a 30% co-payment by using a DSP         Varia S SEC CARE PROCEDURES<br>(APPLIES TO SELECTED PROCEDURES)       Avoid a 10% co-payment by using a network day hospital         ROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       R3040 co-payment (Applies in addition to non-network hospital co-payment)         1. Arthroscopy (when done as part of a surgical procedure)       2. Laparoscopic Hysterectomy         Back and neck surgery       Joint replacement surgery         Correction of Hallux Valgus       Functional nasal surgery         Varia cose vein surgery       Desophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders, including benign growths and lipomas       In-hospital dental surgery         Nan-cancerous spreaved by the Courd for Mudia Scheres PMU       In-hospital dental surgery  | CANCER MEDICINE  |  | Avoid a 20% co-payment by using a DSP                                    |  |                              |  |  |
| Avoid a 30% co-payment by using a DSP     Avoid a 30% co-payment by using a DSP       MISONS     Pre-authorisation required<br>Avoid a 30% co-payment by using a DSP     PMB only     Pre-authorisation required<br>Avoid a 30% co-payment by using a DSP       HIV/ADDS<br>(ALSO SEE CARE PROGRAMMES PAGE 10)     Unlimited, if you register on the<br>HIV/AIDS programme     Avoid a 30% co-payment by using a DSP     Moid a 30% co-payment by using a DSP       DAY SURGERY PROCEDURES<br>(ALSO SEE CARE PROCEDURES)     Avoid a R12 680 co-payment by using a network day hospital     Avoid a R12 680 co-payment by using a network day hospital       PROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)     R3 040 co-payment (Applies in addition to non-network hospital co-payment)     Avoid a R12 680 co-payment surgery       SURGICAL PROCEDURES THAT ARE NOT     R3 040 co-payment (Applies in addition to non-network hospital co-payment)     Joint replacement surgery       SURGICAL PROCEDURES THAT ARE NOT     Back and neck surgery     Joint replacement surgery       SURGICAL PROCEDURES THAT ARE NOT     Non-cancerous breast conditions     Gastroscopies, colonoscopies and all other endoscopies       Nail disorders     Knee and shoulder surgery     Schooscopies, colonoscopies and all other endoscopies       Nail disorders     Knee and shoulder surgery     Knee and shoulder surgery       Nail disorders     Knee and shoulder surgery     Knee and shoulder surgery       Nail disorders     Knee and shoulder surgery       Nail disorders     Knee and shoulder surge  |  | PMB only   | Pre-authorisation required   | PMB only   | Pre-authorisation required   |  |  |
| KIDNEY DIALYSIS       Avoid a 30% co-payment by using a DSP       Avoid a 30% co-payment by using a DSP         HIV/AIDS<br>(ALSO SEE CARE PROGRAMMES PAGE 20)       Unlimited, if you register on the<br>HIV/AIDS programme       Avoid a 30% co-payment by ubtaining<br>your chronic medicine from the DSP         DAY SURGERY PROCEDURES<br>(APPLIES TO SELECTED PROCEDURES)       Avoid a 126 600 co-payment by using a network day hospital       Avoid a R12 660 co-payment by using a network day hospital         PROCEDURES CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       R3 040 co-payment (Applies in addition to non-network hospital co-payment)       Interview of the surgery         2       Laparoscopic Hysterectomy       Back and neck surgery       Joint replacement surgery         2       Correction of Hallux Valgus       Functional nasal surgery       Varicose vein surgery         Varicose vein surgery       Desophageal reflux and hernia repair surgery       Sastracopies, colonoscopies, colonoscopies         Nail disorders       Kin disorders, including benign growths and lipomas       In-hospital dental surgery         Kin disorders, including benign growths and lipomas       In-hospital dental surgery         Xin disorders, including benign growths and lipomas       In-hospital dental surgery         Xin disorders, including benign growths and lipomas       In-hospital dental surgery         Xin disorders, including benign growths and lipomas       In-hospital dental surgery         Xin disorders, i  | ORGAN TRANSPLANTS  | Avoid a 30% co-payment by using a DSP                                      |  | Avoid a 30% co-payment by using a DSP                      |                              |  |  |
| Avoid a 30% co-payment by using a DSP       Avoid a 30% co-payment by using a DSP         HIV/AIDS<br>(ALSO SEE CARE PROGRAMMES PAGE 10)       Unlimited, if you register on the<br>HIV/AIDS programme       Avoid a 30% co-payment by using a DSP       Unlimited, if you register on the<br>HIV/AIDS programme       Avoid a 30% co-payment by using a DSP         DAY SURGERY PROCEDURES<br>(APPLIES TO SELECTED PROCEDURES)       Avoid a R12 680 co-payment by using a network day hospital       Avoid a R12 680 co-payment by using a network day hospital       Avoid a R12 680 co-payment by using a network day hospital         PROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       R3 040 co-payment (Applies in addition to non-network hospital co-payment)       I       Avoid a R12 680 co-payment by using a network day hospital         SURGICAL PROCEDURES THAT ARE NOT<br>COVERED       R3 040 co-payment (Applies in addition to non-network hospital co-payment)       Joint replacement surgery         Back and neck surgery       Joint replacement surgery       Correction of Hallux Valgus       Functional nasal surgery         Varicos verin surgery       Oesophageal reflux and hernia repair surgery       Socophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies       Naid disorders, including benign growths and lipomas       In-hospital dental surgery         Naid disorders, including benign growths and lipomas       In-hospital dental surgery       Hospital dental surgery         Sibin disorder  |  | PMB only   | Pre-authorisation required   | PMB only   | Pre-authorisation required   |  |  |
| (ALSO SEE CARE PROGRAMMES PAGE 10)       HIV/AIDS programme       your chronic medicine from the DSP       HIV/AIDS programme       your chronic medicine from the DSP         DAY SURGERY PROCEDURES<br>(APPLIES TO SELECTED PROCEDURES)       Avoid a R12 680 co-payment by using a network day hospital       Avoid a R12 680 co-payment by using a network day hospital         PROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       R3 040 co-payment (Applies in addition to non-network hospital co-payment)       I       Avoid a R12 680 co-payment by using a network day hospital         SURGICAL PROCEDURES THAT ARE NOT<br>COVERED       I       Arthroscopy (when done as part of a surgical procedure)       Iont replacement surgery         Varicose ve in surgery       Joint replacement surgery       Correction of Hallux Valgus       Functional nasal surgery         Varicose ve in surgery       Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders       Kine and shoulder surgery       In-hospital dental surgery         Skin disorders, including being growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary  | RIDNEY DIALYSIS  | Avoid a 30% co-payment by using a DSP                                      |  | Avoid a 30% co-payment by using a DSP                      |                              |  |  |
| Avoid a R12 bB0 co-payment by using a network day hospital       Avoid a R12 bB0 co-payment by using a network day hospital         PROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       R3 040 co-payment (Applies in addition to non-network hospital co-payment)         1.       Arthroscopy (when done as part of a surgical procedure)         2.       Laparoscopic Hysterectomy         Back and neck surgery       Joint replacement surgery         Varicose vein surgery       Oesophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary       Stervice Provider  |  |  |  |  |                              |  |  |
| PROCEDURE CO-PAYMENTS<br>(SUBJECT TO PRE-AUTHORISATION)       1. Arthroscopy (when done as part of a surgical procedure)         2. Laparoscopic Hysterectomy       2. Laparoscopic Hysterectomy         Back and neck surgery       Joint replacement surgery         Correction of Hallux Valgus       Functional nasal surgery         Varicose vein surgery       Oesophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary       All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider   |  | Avoid a R12 680 co-payment by using a network day hospital                 |  | Avoid a R12 680 co-payment by using a network day hospital |                              |  |  |
| (SUBJECT TO PRE-AUTHORISATION)       Image: Im                        |  | R3 040 co-payment (Applies in addition to non-network hospital co-payment) |  |  |                              |  |  |
| SURGICAL PROCEDURES THAT ARE NOT <ul> <li>Back and neck surgery</li> <li>Correction of Hallux Valgus</li> <li>Functional nasal surgery</li> <li>Varicose vein surgery</li> <li>Desphageal reflux and hernia repair surgery</li> <li>Non-cancerous breast conditions</li> <li>Gastroscopies, colonoscopies and all other endoscopies</li> <li>Nail disorders</li> <li>Knee and shoulder surgery</li> <li>Skin disorders, including benign growths and lipomas</li> <li>In-hospital dental surgery</li> </ul>   |  |  |  |  |                              |  |  |
| SURGICAL PROCEDURES THAT ARE NOT       Correction of Hallux Valgus       Functional nasal surgery         Varicose vein surgery       Oesophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary       Healthcare service for which admission to hospital service Provider   | (SUBJECT TO PRE-AUTHORISATION)   | 2. Laparoscopic Hysterectomy   |  |  |                              |  |  |
| SURGICAL PROCEDURES THAT ARE NOT       Varicose vein surgery       Oesophageal reflux and hernia repair surgery         Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary       All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider  |  | Back and neck surgery  |  | Joint replacement surgery                                  |                              |  |  |
| SURGICAL PROCEDURES THAT ARE NOT       Non-cancerous breast conditions       Gastroscopies, colonoscopies and all other endoscopies         Non-cancerous breast conditions       Knee and shoulder surgery         Nail disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary  |  | Correction of Hallux Valgus  |  | Functional nasal surgery                                   |                              |  |  |
| COVERED       Non-callebrast Conditions       Gastroscopies, Conditions       Gastroscopies, Conditions         Nail disorders       Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary  |  | Varicose vein surgery  |  | Oesophageal reflux and hernia repair surgery               |                              |  |  |
| Nail disorders       Knee and shoulder surgery         Skin disorders, including benign growths and lipomas       In-hospital dental surgery         Healthcare services for which admission to hospital is not necessary   |  | Non-cancerous breast conditions  |  | Gastroscopies, colonoscopies and all other endoscopies     |                              |  |  |
| 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   |  | Nail disorders   |  | Knee and shoulder surgery                                  |                              |  |  |
| 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. <b>PMB =</b> Prescribed Minimum Benefits <b>DSP =</b> Designated Service Provider   |  | Skin disorders, including benign growth                                    | s and lipomas  | In-hospital dental surgery                                 |                              |  |  |
|   | Healthcare services for which admission to hospital is not necessary                   |  |  |  |                              |  |  |
|   | All benefits and limits are per calendar year, unless otherwise stated. Managed Care p | rotocols apply. All benefits are approved by the Council for Me            | dical Schemes. <b>PMB =</b> Prescribed Minimum Benefits <b>DSP =</b> Des | signated Service Provider                                  |                              |  |  |
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## **NOTES**

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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



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