PRIMARY PRIMARY SELECT /

2025



Medical Aid for South Africa

TRADITIONAL

zonitas

• •





WHAT YOU PAY

PRIMARY

\bigcirc	MAIN MEMBER	R3 307
	ADULT DEPENDANT	R2 587
(J)	CHILD DEPENDANT	R1 052

PRIMARY SELECT

MAIN MEMBER	R2 946
ADULT DEPENDANT	R2 304
CHILD DEPENDANT	R936

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

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

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:

DAY-TO-DAY BENEFITS

• 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

PRIMARY

PRIMARY SELECT

OVERALL DAY-TO-DAY LIMIT

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.

DRIMARY & DRIMARY SELECT

R5 330 R8 520 R10 650 R11 720

MAIN MEMBER ONLY	R5 330
MAIN MEMBER + 1 DEPENDANT	R8 520
MAIN MEMBER + 2 DEPENDANTS	R10 650
MAIN MEMBER + 3 OR MORE DEPENDANTS	R11 720

		PRIMARI & PR				
DAY-TO-DAY SUBLIMITS	GP & SPECIALIST ACUTE AND CONSULTATIONS OVER-THE-COUNTER		X-RAYS & BLOOD TESTS	AUXILIARY SERVICES		
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.	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).		
MAIN MEMBER ONLY	R2 240	R1 680	R2 240	R2 240		
MAIN MEMBER + 1 DEPENDANT	R3 920	R2 800	R2 800	R2 800		
MAIN MEMBER + 2 DEPENDANTS	R5 040	R3 370	R3 370	R3 370		
MAIN MEMBER + 3 OR MORE DEPENDANTS	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			
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols					
NON-SURGICAL PROCEDURES	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

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	Cove proc roon
OPTOMETRY	Onco of yo
EYE TESTS	1 co netv
SINGLE VISION LENSES (CLEAR) OR	1009 netv
BIFOCAL LENSES (CLEAR) OR	1009 netv
MULTIFOCAL LENSES	100% maxi
FRAMES (AND/OR LENS ENHANCEMENTS)	R63

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 emergenc specialist day-to-day benefit	y, it w	ill be paid from the a	vailat	ole GP &	
R15 960 per family, in and out-of-hospital		Pre-authorisation required			
R2 240 co-payment per scan event e	except	for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R12 230 per family				
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required			
Once every 2 years (based on the da of your previous claim)	te	Each beneficiary can choose glasses	OR	contact lenses	
1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider			
100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of network			
100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of network			
100% towards the cost of base lense maximum of R860 per designer lens					
R635 per beneficiary at a or		R476 per beneficiary at a non-network provider			
R1 475 per beneficiary					

4

PRIMARY SELECT

1 network GP consultation per family

		You must get a referral from your network GP			
at a casualty ward or emergency room		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 emergenc specialist day-to-day benefit	y, it w	ill be paid from the a	vailal	ole GP &	
R15 960 per family, in and out-of-hospital		Pre-authorisation required			
R2 240 co-payment per scan event	ехсер	t for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R12 230 per family			
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required			
Once every 2 years (based on the da of your previous claim)	ite	Each beneficiary can choose glasses	OR	contact lenses	
1 consultation per beneficiary, at a network provider			R400 per beneficiary for an eye examination, at a non-network provider		
100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of network			
100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of network			
100% towards the cost of base lense maximum of R860 per designer lens					
R635 per beneficiary at a network provider	R476 per beneficiary at a non-network provider				
R1 475 per beneficiary		~			

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

CONTACT LENSES

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

These benefits are in addition to your overall day-to-day limit.				PRIMARY SELE	СТ	
BASIC DENTISTRY	Covered at 75% of the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a DSP		Covered at 75% of the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a DSP	
CONSULTATIONS	2 annual check-ups per beneficiary (once	every 6 months)	ľ	2 annual check-ups per beneficiary (once	every 6 months)	
X-RAYS: INTRA-ORAL	Managed Care protocols apply		Γ	Managed Care protocols apply		
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years			1 per beneficiary, every 3 years		
PREVENTATIVE CARE	2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years		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			Fluoride treatments are only covered for children from age 5 and younger than 16 years		
FILLINGS	Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols		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			A treatment plan and X-rays may be required for multiple fillings		
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply Benefit for root canal includes all teeth except primary teeth and permanent molars			Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars	
PLASTIC DENTURES AND ASSOCIATED	1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older			1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older		
LABORATORY COSTS	25% co-payment applies Pre-authorisation required			25% co-payment applies	Pre-authorisation required	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLO	GY					
SURGERY IN THE DENTAL CHAIR	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply		Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network		PMB only	Avoid a 30% co-payment by using a hospital on the applicable network	
	Pre-authorisation required			Pre-authorisation required		
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply		Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL	Limited to extensive dental treatment	Managed Care protocols apply		Limited to extensive dental treatment	Managed Care protocols apply	
ROOMS (IV CONSCIOUS SEDATION)	Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required		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

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
ſ	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 benefit tested positive for Covid-19		
INTERNATIONAL IRAVEL DENEFTI	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



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.

••

Annual amount available per family

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
	Level 1	R750
PRIMARY & PRIMARY SELECT	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



Π

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
- 1_n newborns up to 6 weeks, in or out-of-hospital

BE BETTER BENEFIT

PREVENTATIVE CARE

• 1 flu vaccine per beneficiary

ages 55 and 69

aged 65 and over

ages 45 and 75

• 1 HIV test and counselling per beneficiary

• 1 mammogram every 2 years, for women over 40

5 years, for women between ages 21 and 65

• 1 pap smear every 3 years, or 1 HPV PCR test every

• 1 prostate screening antigen test for men between

• 1 pneumococcal vaccine every 5 years, for members

• 1 stool test for colon cancer, for members between

• Dental fissure sealants to prevent tooth decay on

• Covid-19 vaccines and boosters as directed by the

for female beneficiaries between ages 9 and 14

permanent teeth for children under 16

National Department of Health

(limited to 1 course per lifetime)



••



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
- Body Mass Index

- Cholesterol

- Waist-to-hip ratio

CONTRACEPTIVES

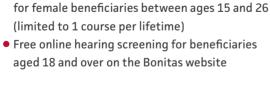
• R1 970 per family (for women aged up to 50)

PRIMARY:

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

PRIMARY SELECT:

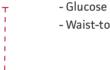
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies



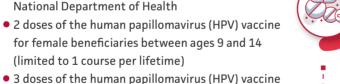














CARE PROGRAMMES

MENTAL HEALTH

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

CANCER

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

DIABETES MANAGEMENT

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

BACK AND NECK

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

CARE PROGRAMMES

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



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

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

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 Benefit	efits DSP = Designated Service Provider
--	--

12

Unlimited, non-network specialists

paid at 100% of the Bonitas Rate

Managed Care protocols apply No cover for physiotherapy for mental

Managed Care protocols apply Including hospice/private nursing, home oxygen, pain management,

	PRIMARY			PRIMARY SELECT		
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE	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.		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.	
PAGE 10)	Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy		Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy	
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network		PMB only	Avoid a 25% co-payment by using a provider on the network	
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP		Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	
ORGAN TRANSPLANTS	PMB only			PMB only		
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP		Unlimited	Avoid a 20% co-payment by using a DSP	
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the 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			Avoid a R5 440 co-payment by using a net	work day hospital		

	R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	 Colonoscopy Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible Sigmoidoscopy Functional Nasal Surgery Gastroscopy (not Endometrial Ablation) Myringotomy Tonsillectomy and Adenoidectomy Umbilical Hernia Repair Varicose Vein Surgery 	 Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	 Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy Nissen Fundoplication (Reflux 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. 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!

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

🚫 Bonitas WhatsApp 060 070 2491

🔯 bonitas.co.za/member

www.bonitas.co.za

f Bonitas Medical Fund

Bonitas Member App
 @BonitasMedical

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