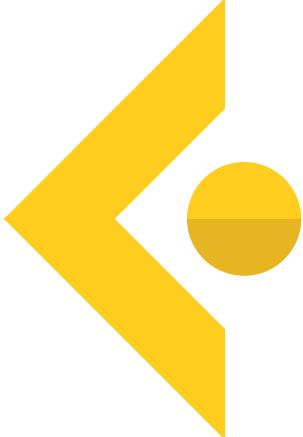


2026






**BONSTART
BONSTART PLUS**



WHAT YOU PAY

BONSTART

	MAIN MEMBER	R1 603
	ADULT DEPENDANT	R1 603
	CHILD DEPENDANT	R1 603

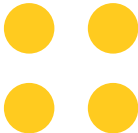
BONSTART USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

BONSTART PLUS

	MAIN MEMBER	R2 040
	ADULT DEPENDANT	R1 940
	CHILD DEPENDANT	R899

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



OUT-OF-HOSPITAL BENEFITS

Please note: When you complete an online mental health assessment and a wellness screening, 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 CONSULTATIONS
GP CONSULTATIONS
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)
SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRAL)
OPTOMETRY

BONSTART	
Unlimited network GP and Nurse Virtual Care consultations	
Unlimited network GP consultations	Authorisation required after 6th visit
R130 co-payment per visit	2 non-network GP consultations for emergencies per family
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
Limited to R1 850 per family	Subject to the radiology and pathology formulary
For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use	
Limited to R115 per event	Maximum of R565 per family, per year
Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
Limited to 1 visit per family up to R1 370	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R275 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R115 co-payment
Limited to R415 at a non-network provider	

BONSTART PLUS	
Unlimited network GP and Nurse Virtual Care consultations	
Unlimited network GP consultations	Authorisation required after 10th visit
R75 co-payment per visit	2 non-network GP consultations for emergencies per family
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
Limited to R3 450 per family	Subject to the radiology and pathology formulary
For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use	
Limited to R180 per event	Maximum of R860 per family, per year
Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
Limited to 2 visits per family up to R2 480	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R130 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R115 co-payment
Limited to R415 at a non-network provider	

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

BASIC DENTISTRY
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
IN-ROOM PROCEDURES
PHYSIOTHERAPY
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 9)
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)

BONSTART	
1 dental consultation per beneficiary	R125 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
PMB only	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
2 consultations per beneficiary for sport-related injuries	R130 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP

BONSTART PLUS	
1 dental consultation per beneficiary	R75 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
R6 860 per family	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
4 consultations per beneficiary for sport-related injuries	R75 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP

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	10.	Crohn's Disease	19.	Hyperlipidaemia
2.	Asthma	11.	Diabetes Insipidus	20.	Hypertension
3.	Bipolar Mood Disorder	12.	Diabetes Type 1	21.	Hypothyroidism
4.	Bronchiectasis	13.	Diabetes Type 2	22.	Multiple Sclerosis
5.	Cardiac Failure	14.	Dysrhythmias	23.	Parkinson's Disease
6.	Cardiomyopathy	15.	Epilepsy	24.	Rheumatoid Arthritis
7.	Chronic Obstructive Pulmonary Disease	16.	Glaucoma	25.	Schizophrenia
8.	Chronic Renal Disease	17.	Haemophilia	26.	Systemic Lupus Erythematosus
9.	Coronary Artery Disease	18.	HIV/AIDS	27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R165 per beneficiary, per month)
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ADDITIONAL BENEFITS

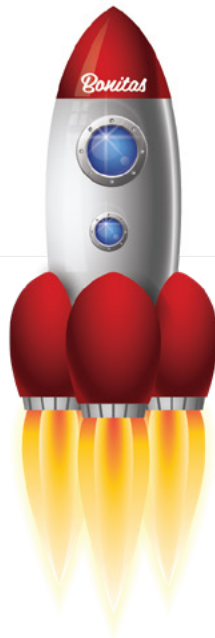
INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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

BENEFIT BOOSTER

GET UP TO
R1 160
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

**BonStart &
BonStart Plus**

YOUR BENEFIT
BOOSTER AMOUNT

R1 160

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE



MATERNITY CARE

- R200 per month for antenatal vitamins during pregnancy (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 an accredited lactation specialist)



CHILDCARE

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

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

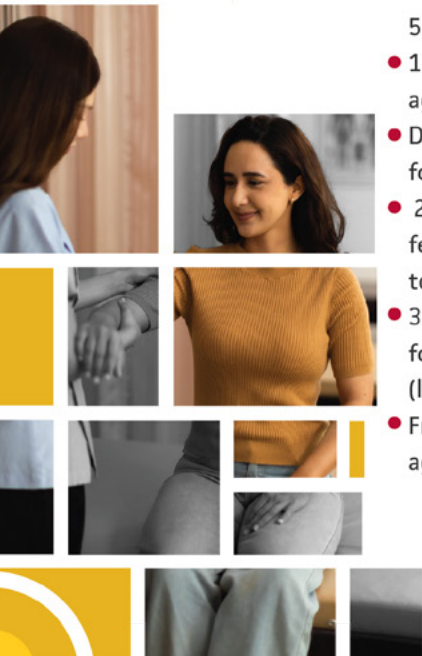


BE BETTER BENEFIT



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
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster

CONTRACEPTIVES

- R1 270 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 R14 400 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

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

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- 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 hospital network	R1 850 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 240 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	Non-network GPs are covered at 70% of the Bonitas Rate	Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	Non-network specialists are covered at 70% of the Bonitas Rate	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R32 120 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R23 330 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 (SPECIALISED RADIOLOGY)	R14 090 per family	Pre-authorisation required	R14 090 per family	Pre-authorisation required
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	R2 800 co-payment per scan event except for PMB		R2 800 co-payment per scan event except for PMB	
PHYSIOTHERAPY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
CHILDBIRTH	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
	Unlimited at the applicable hospital network	Avoid a R12 680 co-payment by using a hospital on the applicable network	Unlimited at the applicable hospital network	Avoid a R12 680 co-payment by using a hospital on the applicable network
NEONATAL CARE	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
INTERNAL PROSTHESES	Limited to R57 280 per family except for PMB		Limited to R57 280 per family except for PMB	
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
	PMB only		PMB only	

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

MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 9)
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 9)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

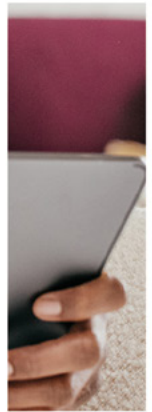
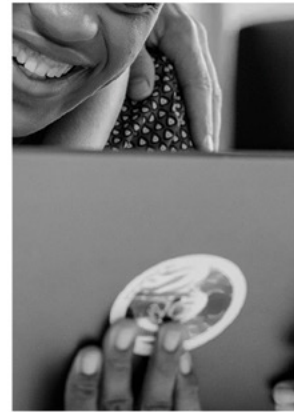
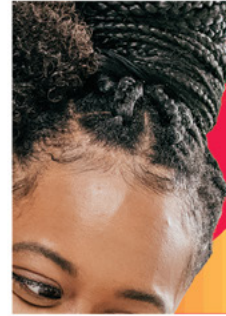
PMB only	No cover for physiotherapy for mental health admissions
Avoid a R12 680 co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R470 per hospital stay	
R62 620 per family	Pre-authorisation required
R17 340 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R9 800 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
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	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	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP
Avoid a R12 680 co-payment by using a network day hospital	

PMB only	No cover for physiotherapy for mental health admissions
Avoid a R12 680 co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R470 per hospital stay	
R62 620 per family	Pre-authorisation required
R20 090 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R9 800 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
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	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	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP
Avoid a R12 680 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
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R3 160 co-payment (Applies in addition to non-network hospital co-payment)
1. Arthroscopy (when done as part of a surgical procedure)
2. Laparoscopic Hysterectomy

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






2026





WHAT YOU PAY

 MAIN MEMBER	R3 588
 ADULT DEPENDANT	R2 807
 CHILD DEPENDANT	R1 141

PRIMARY 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

Please note: When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

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.
MAIN MEMBER ONLY	R5 540
MAIN MEMBER + 1 DEPENDANT	R8 860
MAIN MEMBER + 2 DEPENDANTS	R11 080
MAIN MEMBER + 3 OR MORE DEPENDANTS	R12 190

DAY-TO-DAY SUBLIMITS	GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES	
	For specialist consultations you must get a referral from your GP (including virtual care consultations).	<ul style="list-style-type: none">• 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 R590 per beneficiary and R2 330 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).	
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.					
	MAIN MEMBER ONLY	R2 330	R1 750	R2 330	R2 330
	MAIN MEMBER + 1 DEPENDANT	R4 080	R2 910	R2 910	R2 910
MAIN MEMBER + 2 OR MORE DEPENDANTS	R5 240	R3 500	R3 500	R3 500	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Subject to the available overall day-to-day limit			Subject to frequency limits as per Managed Care protocols	
	R8 560 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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

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)	1 network GP consultation per family			
ADDITIONAL SPECIALIST CONSULTATION	1 network specialist consultation per family		You must get a referral from your network GP	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	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			
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R15 960 per family, in and out-of-hospital		Pre-authorisation required	
	R2 240 co-payment per scan event except for PMB			
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R9 780 per family	
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required	
OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R220 per lens, per beneficiary, out of network	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R480 per lens, per beneficiary, out of network	
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network			
FRAMES (AND/OR LENS ENHANCEMENTS)	R660 per beneficiary at a network provider	OR	R500 per beneficiary at a non-network provider	
CONTACT LENSES	R1 530 per beneficiary			
BASIC DENTISTRY	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)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply			
X-RAYS: EXTRA-ORAL	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	
	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	
	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	

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

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

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	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
	Pre-authorisation required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required
PERIODONTICS	Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required
	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply

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

CHRONIC BENEFITS

Primary covers you for the **28** chronic conditions listed below on the applicable formulary. You must use the Marara Pharmacy, our Designated Service Provider, to get your medicine. If you choose not to use the Marara Pharmacy 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.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease	10.	Crohn's Disease	19.	Hyperlipidaemia
2.	Asthma	11.	Diabetes Insipidus	20.	Hypertension
3.	Bipolar Mood Disorder	12.	Diabetes Type 1	21.	Hypothyroidism
4.	Bronchiectasis	13.	Diabetes Type 2	22.	Multiple Sclerosis
5.	Cardiac Failure	14.	Dysrhythmias	23.	Parkinson's Disease
6.	Cardiomyopathy	15.	Epilepsy	24.	Rheumatoid Arthritis
7.	Chronic Obstructive Pulmonary Disease	16.	Glaucoma	25.	Schizophrenia
8.	Chronic Renal Disease	17.	Haemophilia	26.	Systemic Lupus Erythematosus
9.	Coronary Artery Disease	18.	HIV/AIDS	27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R165 per beneficiary, per month)
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ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R4 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

Primary

YOUR BENEFIT
BOOSTER AMOUNT

R4 000

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. 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
- NEW** • R1 100 for antenatal classes
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)



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



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 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
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster



CONTRACEPTIVES

- R1 970 per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Marara Pharmacy, 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 R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- 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

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



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.

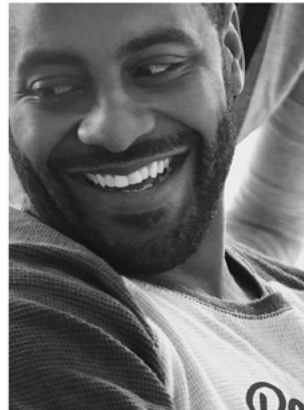
Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRI _s AND CT SCANS (SPECIALISED RADIOLOGY)	R15 960 per family, in and out-of-hospital	Pre-authorisation required
	R2 240 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R8 400 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
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R38 780 per family	No cover for physiotherapy for mental health admissions
	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	
PHYSICAL REHABILITATION	R63 340 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)	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 R63 110 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
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	PMB only	
KIDNEY DIALYSIS	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
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R6 500 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	R2 020 co-payment	R5 130 co-payment	R9 500 co-payment
	<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)



2026




**STANDARD
STANDARD SELECT**





WHAT YOU PAY

STANDARD

	MAIN MEMBER	R5 929
	ADULT DEPENDANT	R5 139
	CHILD DEPENDANT	R1 740

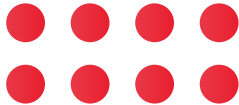
STANDARD PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

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

STANDARD SELECT

	MAIN MEMBER	R5 431
	ADULT DEPENDANT	R4 700
	CHILD DEPENDANT	R1 590

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



OUT-OF-HOSPITAL BENEFITS

Please note: When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 8 for more information.

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD
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. There is a separate benefit for tests and consultations for PMB treatment plans so this will not affect your day-to-day benefits.

R13 980
R20 980
R23 310
R25 640

STANDARD SELECT
DAY-TO-DAY BENEFITS

R13 980
R20 980
R23 310
R25 640

DAY-TO-DAY SUBLIMITS

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

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD & STANDARD SELECT			
GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP (including virtual care consultations). On Standard Select: <ul style="list-style-type: none">You must nominate 2 GPs on our network for each beneficiary for the year2 non-nominated network GP visits allowed per family per yearConsultations with non-network GPs are limited to PMBs only	<ul style="list-style-type: none">Avoid a 20% co-payment by using a Bonitas Pharmacy NetworkAvoid a 20% co-payment by using medicine that is on the formularyOver-the-counter medicine is limited to R930 per beneficiary and R2 910 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 homeopathic medicine).
R3 500	R3 500	R3 500	R3 500
R5 240	R5 240	R5 240	R5 240
R5 830	R5 830	R5 830	R5 830
R6 990	R6 990	R6 990	R6 990

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
NON-SURGICAL PROCEDURES

Subject to the available overall day-to-day limit	Subject to frequency limits as per Managed Care protocols
R8 890 per family for Stoma Care and CPAP machines (Note: CPAP machines subject to Managed Care protocols)	
Subject to the available overall day-to-day limit	Subject to the available overall day-to-day limit

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

ADDITIONAL GP CONSULTATIONS (WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)
ADDITIONAL SPECIALIST CONSULTATIONS
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 13)
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 11)
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 11)
BLOOD PRESSURE MONITOR
IN-ROOM PROCEDURES
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR

STANDARD

2 network GP consultations per family			
2 network specialist consultations per family		You must get a referral from your 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			
R9 460 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)		Avoid a 25% co-payment by using a DSP	
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from the auxiliary services day-to-day benefit	
R34 020 per family, in and out-of-hospital		Pre-authorisation required	
R1 860 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R20 310 per family	
1 insulin pump: R65 000 per family every 5 years		1 continuous glucose monitor: R28 000 per family every year	
Consumables limited to R93 000 per family			
Limited to R1 250 per family every 2 years		Subject to the general medical appliances benefit	
Subject to registration of your chronic condition (hypertension)		Subject to Managed Care protocols	
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required	
Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
1 composite consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates		R220 per lens, per beneficiary, out of network	

STANDARD SELECT

2 network GP consultations per family			
2 network specialist consultations 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			
R9 460 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)		Avoid a 25% co-payment by using a DSP	
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from the auxiliary services day-to-day benefit	
R34 020 per family, in and out-of-hospital		Pre-authorisation required	
R1 860 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R20 310 per family	
1 insulin pump: R65 000 per family every 5 years		1 continuous glucose monitor: R28 000 per family every year	
Consumables limited to R93 000 per family			
Limited to R1 250 per family every 2 years		Subject to the general medical appliances benefit	
Subject to registration of your chronic condition (hypertension)		Subject to Managed Care protocols	
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required	
Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
1 composite consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates		R220 per lens, per beneficiary, out of network	

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

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

BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS

STANDARD		
100% towards the cost of lenses at network rates		R480 per lens, per beneficiary, out of network
100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network		
R1 460 per beneficiary at a network provider	OR	R1 100 per beneficiary at a non-network provider
R2 185 per beneficiary		
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)		
Managed Care protocols apply		
1 per beneficiary, every 3 years		
2 annual scale and polish treatments per beneficiary (once every 6 months)		Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years		
Benefit for fillings is granted once per tooth, every 2 years		Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings		
Managed Care protocols apply		
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years		
Pre-authorisation required		20% co-payment applies
Covered at the Bonitas Dental Tariff		
1 partial frame (an upper or lower) per beneficiary, once every 5 years		Managed Care protocols apply
Pre-authorisation required		20% co-payment applies
1 crown per family, per year		Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested		Pre-authorisation required

STANDARD SELECT		
100% towards the cost of lenses at network rates		R480 per lens, per beneficiary, out of network
100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network		
R1 460 per beneficiary at a network provider	OR	R1 100 per beneficiary at a non-network provider
R2 185 per beneficiary		
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)		
Managed Care protocols apply		
1 per beneficiary, every 3 years		
2 annual scale and polish treatments per beneficiary (once every 6 months)		Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years		
Benefit for fillings is granted once per tooth, every 2 years		Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings		
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Covered at the Bonitas Dental Tariff		
1 partial frame (an upper or lower) per beneficiary, once every 5 years		Managed Care protocols apply
Pre-authorisation required		20% co-payment applies
1 crown per family, per year		Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested		Pre-authorisation required

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

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

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

PERIODONTICS

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

STANDARD

Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
Managed Care protocols apply	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
Pre-authorisation required	

STANDARD SELECT

Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
Managed Care protocols apply	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
Pre-authorisation required	

Managed Care protocols apply	Pre-authorisation required
A co-payment of R3 640 per admission applies for children under the age of 5 and R5 200 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 600 co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

Managed Care protocols apply	Pre-authorisation required
A co-payment of R3 640 per admission applies for children under the age of 5 and R5 200 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 600 co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
Pre-authorisation required	Managed Care protocols apply
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

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

CHRONIC BENEFITS

STANDARD

Standard offers cover for the **45** chronic conditions listed below, limited to **R13 030** per beneficiary and **R26 150** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy, you will have to pay a 30% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below – through a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy or medicine that is not on the formulary, you will have to pay a 30% co-payment.

PRESCRIBED MINIMUM BENEFITS COVERED

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

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

28.	Acne
29.	Allergic Rhinitis
30.	Ankylosing Spondylitis
31.	Attention Deficit Disorder (in children aged 5-18)
32.	Barrett's Oesophagus
33.	Behcet's Disease

34.	Dermatitis
35.	Depression
36.	Eczema
37.	Gastro-Oesophageal Reflux Disease (GORD)
38.	Generalised Anxiety Disorder
39.	Gout

40.	Narcolepsy
41.	Obsessive Compulsive Disorder
42.	Panic Disorder
43.	Post-Traumatic Stress Disorder
44.	Tourette's Syndrome
45.	Zollinger-Ellison Syndrome

& STANDARD SELECT

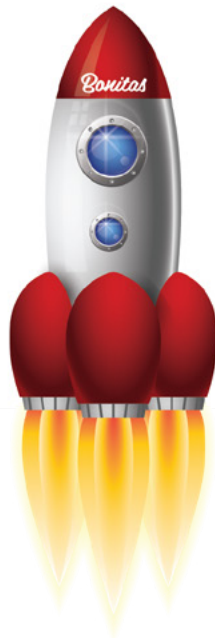
Standard Select offers cover for the **45** chronic conditions listed below, limited to **R13 030** per beneficiary and **R26 150** per family on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or 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.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below – through Pharmacy Direct, our Designated Service Provider. 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.

BENEFIT BOOSTER

GET UP TO
R5 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

**Standard &
Standard
Select**

YOUR BENEFIT
BOOSTER AMOUNT

R5 000

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE



MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)



CHILDCARE

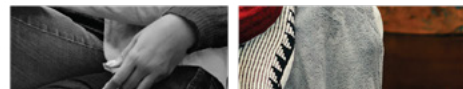
- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultation per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12
- Immunisation (including reminders) according to the Private Vaccination schedule 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



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 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, 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
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster



CONTRACEPTIVES

- R2 050 per family (for women aged up to 50)

STANDARD:

- 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

STANDARD 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
- **Injectable contraceptives and administration covered at any Bonitas Network Pharmacy**



CARE PROGRAMMES

MENTAL HEALTH



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- Hospital-at-home is subject to pre-authorisation

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



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

CARE PROGRAMMES

HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the Standard Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

	STANDARD		STANDARD SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R34 020 per family, in and out-of-hospital	Pre-authorisation required	R34 020 per family, in and out-of-hospital	Pre-authorisation required
	R1 860 co-payment per scan event except for PMB		R1 860 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R57 630 per family	Managed Care protocols apply	R57 630 per family	Managed Care protocols apply
	Sublimit of R7 130 per breast prosthesis (limited to 2 per year)		Sublimit of R7 130 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 11)	Subject to an assessment and/or conservative treatment by the DSP		Subject to an assessment and/or conservative treatment by the DSP	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 13)	Avoid a R38 560 co-payment by using the DSP		Avoid a R38 560 co-payment by using the DSP	
INTERNAL NERVE STIMULATORS	R224 400 per family		R224 400 per family	
COCHLEAR IMPLANTS	PMB only		PMB only	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP		Avoid a R7 420 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 11)	R51 900 per family	No cover for physiotherapy for mental health admissions	R51 900 per family	No cover for physiotherapy for mental health admissions
			Avoid a 30% co-payment by using a hospital on the applicable network	

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

	STANDARD		STANDARD SELECT	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R605 per hospital stay		Limited to a 7-day supply up to R605 per hospital stay	
PHYSICAL REHABILITATION	R67 270 per family		R67 270 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family	Managed Care protocols apply	R21 570 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 11)	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
	R280 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.		R280 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 R63 110 per beneficiary for Brachytherapy	Sublimit of R164 100 can be used for specialised drugs (including biological drugs)	Sublimit of R63 110 per beneficiary for Brachytherapy	Sublimit of R164 100 can be used for specialised drugs (including biological drugs)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	1 scan per family per year	Avoid a 25% co-payment by using a provider on the network	1 scan per family per year	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	Unlimited	Sublimit of R42 710 per beneficiary for corneal grafts	Unlimited	Sublimit of R42 710 per beneficiary for corneal grafts
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 12)	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
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R5 440 co-payment by using a network day hospital		Avoid a R7 100 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider






SAVINGS

2026

BONCLASSIC



WHAT YOU PAY

	MAIN MEMBER	R8 238
	ADULT DEPENDANT	R7 071
	CHILD DEPENDANT	R2 034

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

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



OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
SAVINGS	R14 832		R12 732		R3 660	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings					
SPECIALIST CONSULTATIONS	Paid from available savings			You must get a referral from your GP		
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital			If it is not classified as an emergency, it will be paid from available savings		
NON-SURGICAL PROCEDURES	Paid from available savings					
ACUTE MEDICINE	Paid from available savings					
OVER-THE-COUNTER MEDICINE	Paid from available savings					
HOMEOPATHIC MEDICINE	Paid from available savings					
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings					
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings					
BLOOD TESTS AND X-RAYS	Paid from available savings					
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R37 800 per family, in and out-of-hospital			Pre-authorisation required		
	R2 800 co-payment per scan event except for PMB					
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings			Subject to frequency limits as per Managed Care protocols		
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 10)	1 insulin pump: R65 000 per family every 5 years			1 continuous glucose monitor: R28 000 per family every year		
	Consumables limited to R93 000 per family					
BLOOD PRESSURE MONITOR	Paid from available savings			Limited to R1 250 per family every 2 years		
	Subject to registration of your chronic condition (hypertension)			Subject to managed care protocols		
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)			Limited to R20 310 per family		

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

IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required		
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 12)	R10 090 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 10% co-payment by using a DSP		
	All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings		
OPTOMETRY	Once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R220 per lens, per beneficiary, out of network		
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R480 per lens, per beneficiary, out of network		
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network			
FRAMES	R1 410 per beneficiary at a network provider	OR	R1 058 per beneficiary at a non-network provider	
CONTACT LENSES	R2 210 per beneficiary			
BASIC DENTISTRY	R6 400 per family, per year	Covered at the Bonitas Dental Tariff		
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply			
X-RAYS: EXTRA-ORAL	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		
	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		
	A treatment plan and X-rays may be required for multiple fillings			
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply			
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Managed Care protocols apply		
	Pre-authorisation required			

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

SPECIALISED DENTISTRY	R7 710 per family, per year	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
	A treatment plan and X-rays may be requested	Pre-authorisation required
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
	Pre-authorisation required	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Pre-authorisation required
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 640 per hospital admission applies for children under the age of 5 and R5 200 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 600 co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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

CHRONIC BENEFITS

BonClassic offers cover for the **46** chronic conditions listed below, limited to **R15 370** per beneficiary and **R31 770** per family on the applicable formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

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

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5 -18)
31.	Barrett's Oesophagus
32.	Depression
33.	Eczema
34.	Gastro-Oesophageal Reflux Disease (GORD)

35.	Generalised Anxiety Disorder
36.	Gout
37.	Obsessive Compulsive Disorder
38.	Osteoporosis
39.	Paget's Disease
40.	Panic Disorder
41.	Polyarteritis Nodosa

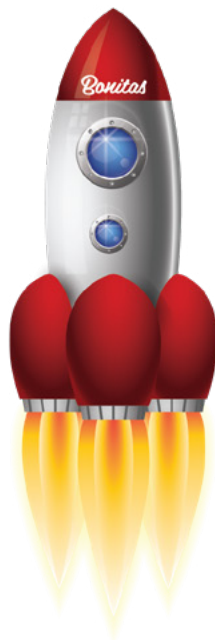
42.	Pulmonary Interstitial Fibrosis
43.	Post-Traumatic Stress Disorder
44.	Scleroderma
45.	Tourette's Syndrome
46.	Zollinger-Ellison Syndrome

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

BENEFIT BOOSTER

GET UP TO
R2 070
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

BonClassic

YOUR BENEFIT
BOOSTER AMOUNT

R2 070

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE



MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings or Benefit Booster, subject to formulary)



CHILDCARE

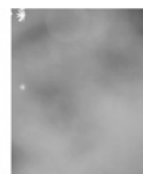
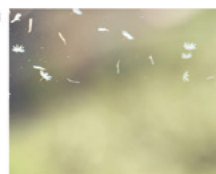
- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private Vaccination schedule in South 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



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 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, 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
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

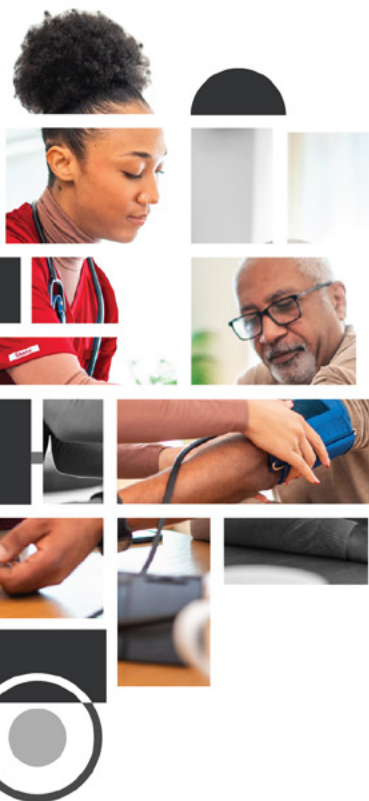
- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster.



CONTRACEPTIVES

- R2 050 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 R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- Hospital-at-home is subject to pre-authorisation

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



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

CARE PROGRAMMES

HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

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

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R37 800 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R67 640 per family, unless PMB	Managed Care protocols apply
	Sublimit of R7 130 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 10)	Subject to an assessment and referral for spinal surgery through the Back and Neck programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 12)	Avoid a R38 560 co-payment by using the DSP	
COCHLEAR IMPLANTS	R376 600 per family	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION	R52 670 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R605 per hospital stay	

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PHYSICAL REHABILITATION	R67 270 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 10</i>)	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
	R336 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 R164 100 can be used for specialised drugs (including biological drugs)	Sublimit of R63 110 per beneficiary for Brachytherapy
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	1 scan per family per year	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
ORGAN TRANSPLANTS	Unlimited	Sublimit of R42 710 per beneficiary for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 11</i>)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R5 440 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



2026






**BONCOMPREHENSIVE
BONCOMPLETE**






WHAT YOU PAY

BONCOMPREHENSIVE

 MAIN MEMBER	R12 509
 ADULT DEPENDANT	R11 796
 CHILD DEPENDANT	R2 548

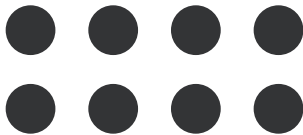
BONCOMPREHENSIVE PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

BONCOMPLETE

 MAIN MEMBER	R6 614
 ADULT DEPENDANT	R5 298
 CHILD DEPENDANT	R1 794

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

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



OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** On BonComplete, when you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 8 for more information.

	BONCOMPREHENSIVE			BONCOMPLETE		
	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
SAVINGS	R22 512	R21 228	R4 584	R11 880	R9 516	R3 216
SELF-PAYMENT GAP	R5 420	R4 490	R2 050	R2 350	R1 990	R510
THRESHOLD LEVEL	R27 932	R25 718	R6 634	R14 230	R11 506	R3 726
ABOVE THRESHOLD BENEFIT	UNLIMITED			R6 250	R3 660	R1 600

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that not all claims accumulate to your self-payment gap. Claims will accumulate at the Bonitas Rate.

	BONCOMPREHENSIVE		BONCOMPLETE	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
SPECIALIST CONSULTATIONS	Paid from available savings and/or above threshold benefit	You must get a referral from your GP	Paid from available savings and/or above threshold benefit	You must get a referral from your GP
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
NON-SURGICAL PROCEDURES	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
BLOOD TESTS AND OTHER LABORATORY TESTS	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
X-RAYS AND ULTRASOUNDS	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
MRI's AND CT SCANS (SPECIALISED RADIOLOGY)	R38 470 per family, in and out-of-hospital	Pre-authorisation required	R30 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB		R2 800 co-payment per scan event except for PMB	

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

ACUTE MEDICINE
OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 11)
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
BLOOD PRESSURE MONITOR
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 11)
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 13)
IN-ROOM PROCEDURES
OPTOMETRY

BONCOMPREHENSIVE			
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R18 560 per family combined with over-the-counter medicine		
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R18 560 per family combined with acute medicine		
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit		
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family		
Paid from available savings	Subject to frequency limits as per Managed Care protocols		
Paid from available savings	Limited to R1 250 per family every 2 years		
Subject to registration of your chronic condition (hypertension)	Subject to managed care protocols		
1 insulin pump: R65 000 per family every 5 years	1 continuous glucose monitor: R28 000 per family every year		
Consumables limited to R93 000 per family			
R11 340 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 10% co-payment by using a DSP		
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required		
Paid from available savings and/or above threshold benefit, limited to R4 220 per beneficiary, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses

BONCOMPLETE			
Paid from available savings and/or above threshold benefit		Formulary and Bonitas Pharmacy Network applies to above threshold benefit	
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit		Formulary and Bonitas Pharmacy Network applies to above threshold benefit	
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit		A 20% co-payment applies when paid from above threshold benefit	
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R20 310 per family	
Paid from available savings and/or above threshold benefit		Subject to frequency limits and Managed Care protocols	
Paid from available savings and/or above threshold benefit		Limited to R1 250 per family every 2 years	
Subject to registration of your chronic condition (hypertension)		Subject to managed care protocols	
1 insulin pump: R65 000 per family every 5 years		1 continuous glucose monitor: R28 000 per family every year	
Consumables limited to R93 000 per family			
R10 090 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		Avoid a 10% co-payment by using a DSP	
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit	
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required	
Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses

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

BONCOMPREHENSIVE

EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES
CONTACT LENSES

1 consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R220 per lens, per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R480 per lens, per beneficiary, at a non-network provider		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network		
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)		
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)		

BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS

Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorisation required

BONCOMPLETE

1 consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R220 per lens, per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R480 per lens, per beneficiary, at a non-network provider		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network		
R1 030 per beneficiary		
R2 530 per beneficiary		

Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
A treatment plan and X-rays may be requested	Pre-authorisation required

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

IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years	Cost of implant components limited to R3 710 per implant	No benefit	
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY				
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
HOSPITALISATION (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 640 per admission applies for children under the age of 5 and R5 200 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 600 co-payment if the dental treatment is done in a day hospital
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required		Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **61** chronic conditions listed below. Your chronic medicine benefit is **R18 760** per beneficiary and **R37 360** per family on the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

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

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS


19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

BONCOMPREHENSIVE

28.	Acne
29.	Allergic Rhinitis
30.	Alzheimer's Disease (early onset)
31.	Ankylosing Spondylitis
32.	Anorexia Nervosa
33.	Attention Deficit Disorder (in children aged 5-18)
34.	Barrett's Oesophagus
35.	Behcet's Disease
36.	Bulimia Nervosa
37.	Cystic Fibrosis
38.	Dermatitis
39.	Dermatomyositis

40.	Depression
41.	Eczema
42.	Gastro-Oesophageal Reflux Disease (GORD)
43.	Generalised Anxiety Disorder
44.	Gout
45.	Huntington's Disease
46.	Hyperthyroidism
47.	Myasthenia Gravis
48.	Narcolepsy
49.	Neuropathies
50.	Obsessive Compulsive Disorder
51.	Osteoporosis

52.	Paget's Disease
53.	Panic Disorder
54.	Polyarteritis Nodosa
55.	Post-Traumatic Stress Disorder
56.	Pulmonary Interstitial Fibrosis
57.	Psoriatic Arthritis
58.	Systemic Sclerosis
59.	Tourette's Syndrome
60.	Zollinger-Ellison Syndrome
61.	Benign Prostatic Hypertrophy 

BONCOMPLETE

28.	Acne (children up to 21 years)
29.	Allergic Rhinitis (children up to 21 years)

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

32.	Depression (medication up to R165 per beneficiary, per month)
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R2 070
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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
BonComprehensive	N/A
BonComplete	R2 070

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE



MATERNITY CARE

BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 640 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- Private ward after delivery - up to 3 days
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit, subject to formulary)

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit or Benefit Booster, subject to formulary)

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
- Immunisation (including reminders) according to the Private Vaccination schedule 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

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

BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12

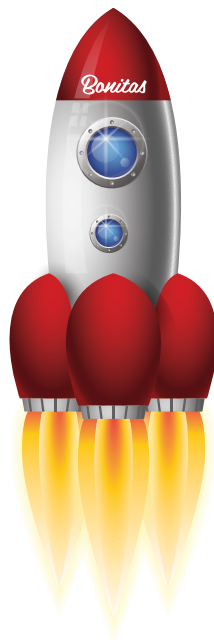
BONCOMPLETE

- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12

BENEFIT BOOSTER

GET UP TO
R2 070
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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
BonComprehensive	N/A
BonComplete	R2 070

HOW TO ACTIVATE IT

Complete an online mental health assessment **and** a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

CARE PROGRAMMES

MENTAL HEALTH



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- Hospital-at-home is subject to pre-authorisation

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



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

CARE PROGRAMMES

HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonComplete option you can avoid a 30% co-payment by using a hospital on the applicable network.

	BONCOMPREHENSIVE		BONCOMPLETE	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 150% of the Bonitas Rate		Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R38 470 per family, in and out-of-hospital	Pre-authorisation required	R30 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB		R2 800 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R67 640 for internal prosthesis per family		R57 630 per family	Managed Care protocols apply
	R67 640 for external prosthesis per family	Sublimit of R6 710 per breast prosthesis (limited to 2 per year)	Sublimit of R7 130 per breast prosthesis (limited to 2 per year)	
INTERNAL NERVE STIMULATORS	R211 300 per family		No benefit	
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)	R298 000 per beneficiary		No benefit	
COCHLEAR IMPLANTS	R354 600 per family		No benefit	
CATARACT SURGERY	Avoid a R7 420 co-payment by using a DSP		Avoid a R7 420 co-payment by using a DSP	
REFRACTIVE SURGERY	R26 520 per family	Pre-authorisation required	No benefit	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 11)	Subject to an assessment and/or conservative treatment by the DSP		Subject to an assessment and/or conservative treatment by the DSP	

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

HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 13)
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 11)
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 11)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 12)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONCOMPREHENSIVE	
Avoid a R38 560 co-payment by using the DSP	
R59 920 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R670 per hospital stay	
R63 340 per family	
R21 570 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
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R448 200 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
Sublimit of R63 110 per beneficiary for Brachytherapy	Sublimit of R448 200 can be used for specialised drugs (including biological drugs)
2 scans per family per year	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
R257 300 per family	
Unlimited	Sublimit of R40 220 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	
Avoid a R5 440 co-payment by using a network day hospital	

BONCOMPLETE	
Avoid a R38 560 co-payment by using the DSP	
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R535 per hospital stay	
R67 270 per family	
R21 570 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
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 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 R63 110 per beneficiary for Brachytherapy	No benefit for specialised drugs unless PMB
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	Sublimit of R42 710 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R5 440 co-payment by using a network day hospital	

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



Bonitas
Medical Aid for South Africa



SAVINGS



2026






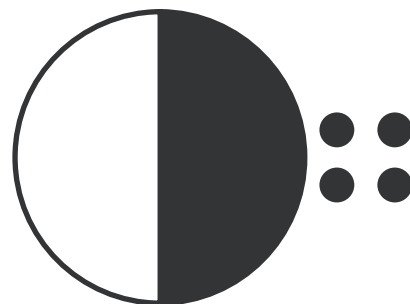
BONPRIME



WHAT YOU PAY

BONPRIME

	MAIN MEMBER	R3 255
	ADULT DEPENDANT	R2 546
	CHILD DEPENDANT	R1 035



BONPRIME 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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
SAVINGS	R6 252		R4 884		R1 992	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings					
ADDITIONAL GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	If you use all your savings for the year, your family will still get 1 GP consultation paid at the Bonitas Rate					
SPECIALIST CONSULTATIONS	Paid from available savings		You must get a referral from your GP			
NON-SURGICAL PROCEDURES	Paid from available savings					
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6			
	If it is not classified as an emergency, it will be paid from available savings					
BLOOD AND OTHER LABORATORY TESTS	Paid from available savings					
X-RAYS AND ULTRASOUNDS	Paid from available savings					
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE	Paid from available savings					
HOMEOPATHIC MEDICINE	Paid from available savings					
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings					
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings					
OPTOMETRY	Paid from available savings					
EYE TESTS	1 consultation per beneficiary, at a network provider		OR	R420 per beneficiary for an eye examination, at a non-network provider		
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R220 per lens, per beneficiary, at a non-network provider					
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R480 per lens, per beneficiary, at a non-network provider					
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network					
FRAMES	Paid from available savings (sublimits apply)					
CONTACT LENSES	Paid from available savings (sublimits apply)					

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

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
EXTERNAL PROSTHESES	PMB only	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R3 990 per family	Pre-authorisation required
	R2 240 co-payment per scan event except for PMB	
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	Paid from available savings	
BASIC DENTISTRY	Paid from available savings or available Benefit Booster	Covered at the Bonitas Dental Tariff
CONSULTATIONS	Paid from available savings	2 annual check-ups per beneficiary (once every 6 months)
X-RAYS: INTRA-ORAL	Paid from available savings	
X-RAYS: EXTRA-ORAL	Paid from available savings	1 per beneficiary, every 3 years
PREVENTATIVE CARE	Paid from available savings	2 annual scale and polish treatments per beneficiary (once every 6 months)
	1 fissure sealant per tooth, once every 3 years for children under 16 years	2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years
FILLINGS	Paid from available savings	Benefit for fillings is granted once per tooth, every 2 years
	Benefit for re-treatment of a tooth is subject to Managed Care protocols	A treatment plan and X-rays may be required for multiple fillings
ROOT CANAL THERAPY AND EXTRACTIONS	Paid from available savings	
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required
	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)

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

SPECIALISED DENTISTRY	Paid from available savings	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required
	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	3 crowns per family, per year
	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
	A treatment plan and X-rays may be requested	
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required
	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff
	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year
	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime
PERIODONTICS	Paid from available savings	Pre-authorisation required
	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
SURGERY IN THE DENTAL CHAIR	Paid from available savings	Managed Care protocols apply
	Pre-authorisation required	
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
	Managed Care protocols apply	Pre-authorisation required
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	No benefit	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	PMB only	
	Pre-authorisation required	

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

CHRONIC BENEFITS

BonPrime covers the **28** chronic conditions listed below. You must use Marara Pharmacy, our Designated Service Provider, to get your medicine. If you choose not to use Marara Pharmacy 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.

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 R165 per beneficiary, per month)
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R4 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

BonPrime

YOUR BENEFIT
BOOSTER AMOUNT

R4 000

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE



MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 100 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings or Benefit Booster, subject to formulary)



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



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 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
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

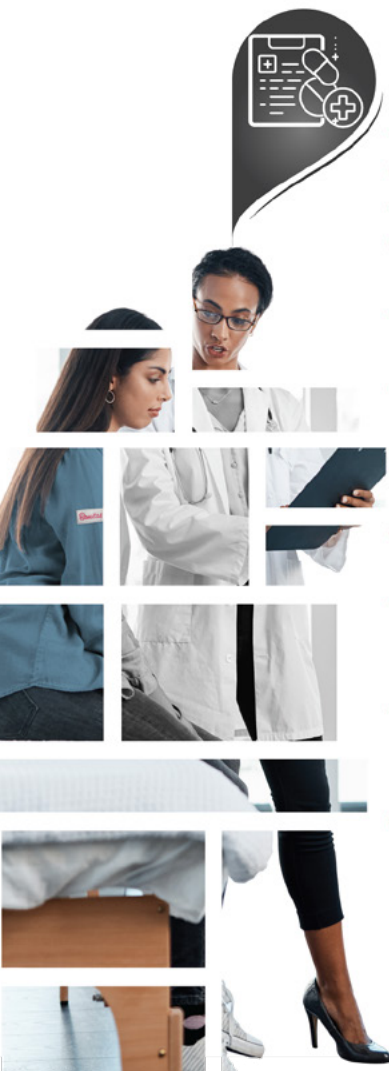
- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster



CONTRACEPTIVES

- R1 970 per family (for women aged up to 50)
- You must use Marara Pharmacy, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies
- **Injectable contraceptives and administration covered at any Bonitas Network Pharmacy**



CARE PROGRAMMES

MENTAL HEALTH



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- 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

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



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

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R15 960 per family	Pre-authorisation required
	R2 240 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R8 400 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R28 590 per family	No cover for physiotherapy for mental health admissions
	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	
PHYSICAL REHABILITATION	R63 340 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)	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 R63 110 per beneficiary for Brachytherapy
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network
ORGAN TRANSPLANTS	PMB only	PMB only for corneal grafts
KIDNEY DIALYSIS	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 DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R7 100 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	R2 020 co-payment	R5 130 co-payment	R9 500 co-payment
	<ol style="list-style-type: none"> Colonoscopy Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible Sigmoidoscopy Functional Nasal Surgery Gastroscopy Hysteroscopy (not Endometrial Ablation) Myringotomy Tonsillectomy and Adenoidectomy Umbilical Hernia Repair Varicose Vein Surgery 	<ol style="list-style-type: none"> Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> Laparoscopic Pyeloplasty Laparoscopic Radical Prostatectomy Nissen Fundoplication (Reflux Surgery)

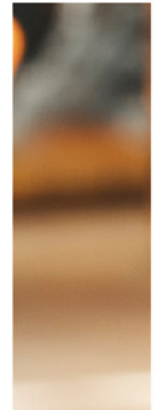
ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider



SAVINGS



2026






BONSAVE
BONFIT



WHAT YOU PAY




BONSAVE

	MAIN MEMBER	R4 047
	ADULT DEPENDANT	R3 059
	CHILD DEPENDANT	R1 211

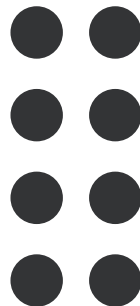
BONSAVE USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

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

BONFIT

	MAIN MEMBER	R2 698
	ADULT DEPENDANT	R2 021
	CHILD DEPENDANT	R908

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



OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

SAVINGS

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
ADDITIONAL GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
NON-SURGICAL PROCEDURES
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
BLOOD AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

BONSAVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R12 144	R9 180	R3 636

BONSAVE	
Paid from available savings	
If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate	
Paid from available savings	You must get a referral from your GP
Paid from available savings	
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6
If it is not classified as an emergency, it will be paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	
Paid from available savings	

BONFIT		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R4 848	R3 636	R1 632

BONFIT	
Paid from available savings	
If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate	
Paid from available savings	You must get a referral from your GP
Paid from available savings	
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

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

BONSAVE		
Paid from available savings		
1 consultation per beneficiary, at a network provider	OR	R420 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R220 per lens, per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R480 per lens, per beneficiary, at a non-network provider		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network		
Paid from available savings (sublimits apply)		
Paid from available savings		
Paid from available savings		Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required
Paid from available savings		
R30 430 per family, in and out-of-hospital		Pre-authorisation required
R1 860 co-payment per scan event except for PMB		
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R15 440 per family
Covered at the Bonitas Dental Tariff		Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)		
Paid from available savings		
Paid from available savings		1 per beneficiary, every 3 years
2 annual scale and polish treatments per beneficiary (once every 6 months)		1 fissure sealant per tooth, once every 3 years for children under 16 years
2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years		
Paid from available savings		Benefit for fillings is granted once per tooth, every 2 years
Benefit for re-treatment of a tooth is subject to Managed Care protocols		A treatment plan and X-rays may be required for multiple fillings
Paid from available savings		

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PMB only		
Paid from available savings		Pre-authorisation required
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		PMB consultations only
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Paid from available savings		

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

PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td>1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years</td><td>Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)</td></tr></table>	Paid from available savings	Pre-authorisation required	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td>1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years</td><td>Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)</td></tr></table>	Paid from available savings	Pre-authorisation required	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)								
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CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	<table><tr><td>Paid from available savings</td><td>3 crowns per family, per year</td></tr><tr><td>Benefit for crowns will be granted once per tooth, every 5 years</td><td>Pre-authorisation required</td></tr><tr><td colspan="2">A treatment plan and X-rays may be requested</td></tr></table>	Paid from available savings	3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required	A treatment plan and X-rays may be requested		<table><tr><td>Paid from available savings</td><td>3 crowns per family, per year</td></tr><tr><td>Benefit for crowns will be granted once per tooth, every 5 years</td><td>Pre-authorisation required</td></tr><tr><td colspan="2">A treatment plan and X-rays may be requested</td></tr></table>	Paid from available savings	3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required	A treatment plan and X-rays may be requested					
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ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td>Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis</td><td>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff</td></tr><tr><td>Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)</td><td>Only 1 family member may begin orthodontic treatment in a calendar year</td></tr><tr><td>Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years</td><td>Orthodontic treatment is granted once per beneficiary, per lifetime years</td></tr></table>	Paid from available savings	Pre-authorisation required	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime years	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td>Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis</td><td>Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff</td></tr><tr><td>Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)</td><td>Only 1 family member may begin orthodontic treatment in a calendar year</td></tr><tr><td>Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years</td><td>Orthodontic treatment is granted once per beneficiary, per lifetime years</td></tr></table>	Paid from available savings	Pre-authorisation required	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime years
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SURGERY IN THE DENTAL CHAIR	<table><tr><td>Paid from available savings</td><td>Managed Care protocols apply</td></tr><tr><td>For the removal of impacted teeth only</td><td>Pre-authorisation required</td></tr></table>	Paid from available savings	Managed Care protocols apply	For the removal of impacted teeth only	Pre-authorisation required	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr></table>	Paid from available savings	Pre-authorisation required										
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INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	<table><tr><td>Managed Care protocols apply</td><td>Pre-authorisation required</td></tr></table>	Managed Care protocols apply	Pre-authorisation required	<table><tr><td>Managed Care protocols apply</td><td>Pre-authorisation required</td></tr></table>	Managed Care protocols apply	Pre-authorisation required												
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

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

BONSAVE

&

BONFIT

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 R165 per beneficiary, per month)
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R5 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

BonFit

BonSave

YOUR BENEFIT
BOOSTER AMOUNT

R1 440

R5 000

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

MOTHER & CHILD CARE

MATERNITY CARE

BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 530 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings or Benefit Booster, subject to formulary)

BONFIT

- 6 antenatal consultations with a gynaecologist, GP or midwife
- **R1 100 for antenatal classes paid from available savings**
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available savings or Benefit Booster, subject to formulary)

CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline - 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital

All benefits are subject to approval by the Council for Medical Schemes.



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 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
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster



CONTRACEPTIVES

- R1 970 on BonSave & R1 580 on BonFit 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 R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES



HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- 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

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



IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonSave and BonFit 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
MRI ^s 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)

BONSAVE	
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	
R30 430 per family, in and out-of-hospital	Pre-authorisation required
R1 860 co-payment per scan event except for PMB	
Avoid a R8 400 co-payment by using the DSP	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
R41 070 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R500 per hospital stay	
R67 270 per family	
R21 570 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

BONFIT	
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	Pre-authorisation required
R2 800 co-payment per scan event except for PMB	
Avoid a R9 800 co-payment by using the DSP	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
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	
R67 270 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

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

CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)
CANCER MEDICINE
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

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

BONSAVE	
Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
Avoid a 30% co-payment by using a DSP	Sublimit of R63 110 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Avoid a 25% co-payment by using a provider on the network
Unlimited	Sublimit of R42 710 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from DSP
Avoid a R5 440 co-payment by using a network day hospital	

R2 020 co-payment	R5 130 co-payment	R9 500 co-payment
1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery	1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

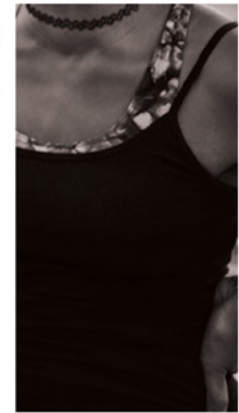
BONFIT	
Unlimited for PMBs	R168 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
Avoid a 30% co-payment by using a DSP	Sublimit of R63 110 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	Avoid a 25% co-payment by using a provider on the network
Unlimited	PMB only for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from DSP
Avoid a R6 500 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

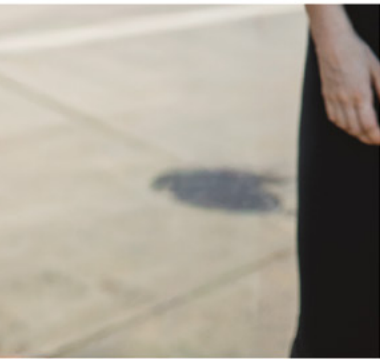
INTERNATIONAL TRAVEL BENEFIT
AFRICA BENEFIT

Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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

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2026

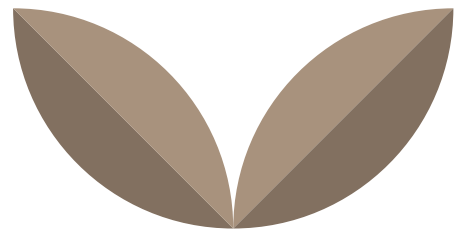




WHAT YOU PAY

 MAIN MEMBER	R1 275
 ADULT DEPENDANT	R1 275
 CHILD DEPENDANT	R1 275

BONCORE USES A LIST OF **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY)
YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN.



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 on the applicable network. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a R14 680 co-payment by using a hospital on the applicable network.

PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R5 500 co-payment per admission, except for motor vehicle accidents, maternity confinements and PMB emergency treatment
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate for BonCore network specialists	Non-network specialists are covered at 70% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate for BonCore network GPs	Non-network GPs are covered at 70% of the Bonitas Rate
BLOOD TESTS	PMB only	
BLOOD TRANSFUSIONS	PMB only	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only	Pre-authorisation required
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner
CHILDBIRTH (NATURAL BIRTH)	Unlimited at the applicable hospital network	Avoid a R14 680 co-payment by using a hospital on the applicable network
	Cover for out-of-network specialists and GPs limited to R2 500 per family	Managed Care protocols apply
	Non-network specialists and GPs are covered at 70% of the Bonitas Rate	
CHILDBIRTH (C-SECTION)	Emergency approved PMB C-sections only	
NEONATAL CARE	Limited to R55 080 per family except for PMB	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
DENTISTRY	PMB only, subject to using the DSP	Pre-authorisation required
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS SEDATION)	Managed Care protocols apply	Pre-authorisation required
	Only applicable in lieu of general anaesthetic for the in-hospital PMB dental benefits	
MENTAL HEALTH HOSPITALISATION	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R14 680 co-payment by using a hospital on the applicable network	

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

TAKE-HOME MEDICINE	Limited to a 7-day supply up to R400 per hospital stay	
PHYSICAL REHABILITATION	PMB only	Pre-authorisation required
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	PMB only	Pre-authorisation required
PALLIATIVE CARE (CANCER ONLY)	PMB only	Pre-authorisation required
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 9</i>)	Unlimited for PMBs	Pre-authorisation required.
	Avoid a 30% co-payment by using a DSP	
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network
CANCER MEDICINE	PMB only	Avoid a 20% co-payment by using a DSP
	Subject to Medicine Price List and preferred product list	
ORGAN TRANSPLANTS	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP	
KIDNEY DIALYSIS	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP	
CATARACT SURGERY	PMB only	Avoid a R9 800 co-payment by using the DSP
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 10</i>)	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R14 680 co-payment by using a network day hospital	
DAY SURGERY PROCEDURES THAT ARE COVERED	Adenoidectomy	Arthroscopy
	Cataract surgery	Circumcision (medical reasons)
	Colonoscopy	Colposcopy
	Cystoscopy	Sigmoidoscopy
	Gastroscopy	Hysteroscopy
	Hysterosalpinogram	Tonsillectomy
	Myringotomy	
PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)	R5 550 co-payment (Applies in addition to non-network hospital co-payment)	
	1. Arthroscopy (When done as part of a surgical procedure)	2. Laparoscopy Hysterectomy

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

SURGICAL PROCEDURES THAT ARE NOT COVERED	Back and neck treatment or surgery	Joint replacement surgery
	Bunion surgery	Functional nasal surgery
	Varicose vein surgery	Investigations and diagnostic workups
	Surgery for oesophageal reflux and hiatus hernia	Oesophageal reflux and hernia repair surgery
	Non-cancerous breast conditions	Gastroscopies, colonoscopies and all other endoscopies
	Nail disorders	Laparoscopic surgery except for laparoscopic sterilisation
	Knee and shoulder surgery	Skin disorders, including benign growths and lipomas
	In-hospital dental surgery	Refractive surgery
	Healthcare services for which admission to hospital is not necessary.	

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for GP consultations and other out-of-hospital medical expenses. **Please note:** When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

VIRTUAL GP CONSULTATIONS	Unlimited virtual GP consultations	
GP CONSULTATIONS	3 GP consultations per beneficiary (including 2 non-network GP consultations paid at the Bonitas Rate)	
SPECIALIST CONSULTATIONS	PMB only, subject to GP referral	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
	If it is not classified as an emergency, it will be paid from the available GP consultation benefit	
ACUTE MEDICINE, OVER-THE-COUNTER MEDICINE, X-RAYS AND BLOOD TESTS	Paid from available Benefit Booster, then PMB only	Acute medicine subject to formulary
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available Benefit Booster, then PMB only	
OPTOMETRY	Paid from available Benefit Booster, then PMB only	
BASIC DENTISTRY	Paid from available Benefit Booster, then PMB only	
PHYSIOTHERAPY	Paid from available Benefit Booster, then PMB only	
MENTAL HEALTH CONSULTATIONS	PMB only	
IN-ROOM PROCEDURES	Cover for the below list of approved procedures performed in the GP's rooms	Pre-authorisation required
	Stitching of wound	Excision and repair of minor wound
	Drainage of subcutaneous abscess	Removal of foreign body superficial
	Limb cast	ECG with and without effort
	Removal of benign lesions	

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

CHRONIC BENEFITS

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

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease	10.	Crohn's Disease	19.	Hyperlipidaemia
2.	Asthma	11.	Diabetes Insipidus	20.	Hypertension
3.	Bipolar Mood Disorder	12.	Diabetes Type 1	21.	Hypothyroidism
4.	Bronchiectasis	13.	Diabetes Type 2	22.	Multiple Sclerosis
5.	Cardiac Failure	14.	Dysrhythmias	23.	Parkinson's Disease
6.	Cardiomyopathy	15.	Epilepsy	24.	Rheumatoid Arthritis
7.	Chronic Obstructive Pulmonary Disease	16.	Glaucoma	25.	Schizophrenia
8.	Chronic Renal Disease	17.	Haemophilia	26.	Systemic Lupus Erythematosus
9.	Coronary Artery Disease	18.	HIV/AIDS	27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R165 per beneficiary, per month)
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ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER

GET UP TO
R1 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your benefits, that you get after completing an online mental health assessment and a 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 benefits last longer.

Annual amount available per family

IF YOU ARE ON

BonCore

YOUR BENEFIT
BOOSTER AMOUNT

R1 000

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. All claims are paid at the Bonitas Rate.

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster.



CONTRACEPTIVES

- Paid from available Benefit Booster

CARE PROGRAMMES

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

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



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

CARE PROGRAMMES



HOSPITAL-AT-HOME



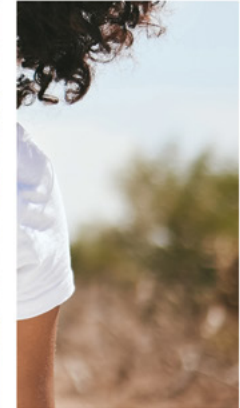
- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vitals sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- 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





2026






**BONESSENTIAL
BONESSENTIAL SELECT**








WHAT YOU PAY

BONESSENTIAL

	MAIN MEMBER	R2 747
	ADULT DEPENDANT	R2 030
	CHILD DEPENDANT	R888

BONESSENTIAL SELECT

	MAIN MEMBER	R2 345
	ADULT DEPENDANT	R1 718
	CHILD DEPENDANT	R774



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

BONESSENTIAL 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.

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.

	BONEssential		BONEssential SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R15 960 per family	Pre-authorisation required	R15 960 per family	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB		R2 800 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R9 800 co-payment by using the DSP		Avoid a R9 800 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
INTERNAL AND EXTERNAL PROSTHESES	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply
	A co-payment of R5 200 per admission applies for the removal of impacted teeth only OR A R2 600 co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth Avoid a 30% co-payment by using a hospital on the applicable network	A co-payment of R5 200 per admission applies for the removal of impacted teeth only OR A R2 600 co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth Avoid a 30% co-payment by using a hospital on the applicable network
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R19 060 per family	No cover for physiotherapy for mental health admissions	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		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	

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

PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 10</i>)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 11</i>)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONESSENTIAL	
R63 340 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
Unlimited for PMBs at a DSP	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	Sublimit of R63 110 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 R6 500 co-payment by using a network day hospital	

BONESSENTIAL SELECT	
R63 340 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
Unlimited for PMBs at a DSP	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	Sublimit of R63 110 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 R7 100 co-payment by using a network day hospital	

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

R2 020 co-payment	R5 130 co-payment	R9 500 co-payment
<ol style="list-style-type: none"> Colonoscopy Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible Sigmoidoscopy Functional Nasal Surgery Gastroscopy Hysteroscopy (not Endometrial Ablation) Myringotomy Tonsillectomy and Adenoidectomy Umbilical Hernia Repair Varicose Vein Surgery 	<ol style="list-style-type: none"> Arthroscopy Diagnostic Laparoscopy Laparoscopic Hysterectomy Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 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 subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

CHRONIC BENEFITS

BonEssential and BonEssential Select 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.

BONESSENTIAL

&

BONESSENTIAL 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 R165 per beneficiary, per month)
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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations and other out-of-hospital medical expenses. **Please note:** When you complete an online mental health assessment and a wellness screening, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

BONESSENTIAL		& BONESSENTIAL SELECT	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only	
	If it is not classified as an emergency, it will be paid from the available Benefit Booster amount		
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only		

ADDITIONAL BENEFITS

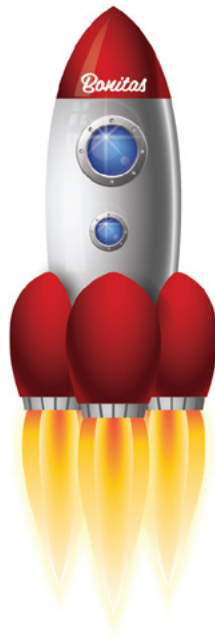
BONESSENTIAL		& BONESSENTIAL SELECT	
INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure	
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation	

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

BENEFIT BOOSTER

GET UP TO
R1 160
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online mental health assessment and a 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

**BonEssential &
BonEssential
Select**

YOUR BENEFIT
BOOSTER AMOUNT

R1 160

HOW TO ACTIVATE IT

Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS TO AVOID NON-NETWORK CO-PAYMENTS

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed the online mental health assessment and a wellness screening at a Bonitas wellness day or participating pharmacy. 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 an accredited lactation specialist)
- R200 per month for antenatal vitamins during pregnancy (Paid from available Benefit Booster, subject to formulary)



CHILDCARE

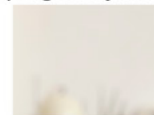
- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 1 GP consultation per child between ages 2 and 12
- Milestone reminders for children under 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



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 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: 1 per tooth, once every 3 years for beneficiaries under 16 years
- 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 or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete your online mental health assessment too, to unlock your Benefit Booster



CONTRACEPTIVES

- R1 580 per family (for women aged up to 50)
- 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
- **Injectable contraceptives and administration covered at any Bonitas Network Pharmacy**

NEW



CARE PROGRAMMES

MENTAL HEALTH



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES

HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- Hospital-at-home is subject to pre-authorisation

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



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






2026



HOSPITAL STANDARD

WHAT YOU PAY

 MAIN MEMBER	R3 561
 ADULT DEPENDANT	R2 999
 CHILD DEPENDANT	R1 353

HOSPITAL STANDARD 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.

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 on the applicable network. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R32 040 per family	Pre-authorisation required
	R2 800 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R9 800 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner
INTERNAL PROSTHESES	R54 270 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
HOSPITALISATION FOR DENTISTRY (GENERAL ANAESTHETIC)	A co-payment of R3 640 per admission applies for children under the age of 5 and R5 200 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 600 co-payment if the dental treatment is done in a day hospital	Managed Care and admission protocols apply
	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	Pre-authorisation required
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS SEDATION)	Managed Care protocols apply	Pre-authorisation required
	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 8)	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	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R575 per hospital stay	

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

PHYSICAL REHABILITATION	R63 340 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 8)	Unlimited for PMBs	R168 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	Avoid a 30% co-payment by using a DSP	Sublimit of R63 110 per beneficiary for Brachytherapy
CANCER MEDICINE	PMB only	Avoid a 25% co-payment by using a provider on the network
ORGAN TRANSPLANTS	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
KIDNEY DIALYSIS	Unlimited	Sublimit of R40 220 per beneficiary for corneal grafts
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 9)	Unlimited	Avoid a 20% co-payment by using a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
	Avoid a R6 500 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	R2 020 co-payment	R5 130 co-payment	R9 500 co-payment
	1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery	1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations and other out-of-hospital medical expenses.

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only	

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

CHRONIC BENEFITS

Hospital Standard covers 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 required.

PRESCRIBED MINIMUM BENEFITS COVERED

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

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

28.	Depression (medication up to R165 per beneficiary, per month)
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ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure
	You must register for this benefit prior to departure	

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

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 an accredited lactation specialist)



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- 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



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 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
- 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
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 580 per family (for women aged up to 50)
- 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
- **Injectable contraceptives and administration covered at any Bonitas Network Pharmacy**

NEW

CARE PROGRAMMES

MENTAL HEALTH



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 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



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
- **Programme will cover shoulder and knee pain as well**

NEW

CARE PROGRAMMES

HOSPITAL-AT-HOME



- Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure
- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists
- All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vital sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
- The in-person clinical visits also provide support for blood tests and medication administration as prescribed
- A transitional care programme to minimise unplanned hospital re-admission
- Hospital-at-home is subject to pre-authorisation

FEMALE HEALTH

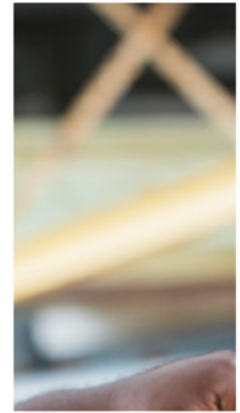
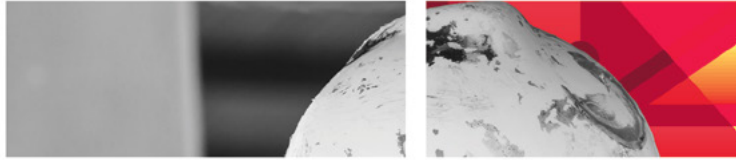


- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



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



2026

INCOME BASED





WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

SUBJECT TO INCOME VERIFICATION

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 TO R11 930	R1 730	R1 730	R815
R11 931 TO R19 350	R2 111	R2 111	R971
R19 351 TO R25 170	R3 404	R3 404	R1 288
R25 171+	R4 177	R4 177	R1 585

BONCAP USES **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY).

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.



OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% of the BonCap Rate.

NETWORK GP CONSULTATIONS OR REGISTERED NURSE CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP or Registered Nurse consultations, using a BonCap network GP	Approval is required from the 8th GP/Registered Nurse consultation per beneficiary
NON-NETWORK GP CONSULTATIONS	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R420 per visit
	30% co-payment applies, unless PMB	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
	If it is not classified as an emergency, it will be paid from the available GP consultation benefit	
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Main member only	R2 390
	Main member + 1 dependant	R3 990
	Main member + 2 dependants	R4 780
	Main member + 3 dependants	R5 220
	Main member + 4 or more dependants	R5 790
	Subject to the applicable formularies, pharmacy and pathology networks	For acute medicine and blood tests: 20% co-payment applies at non-DSP
NETWORK SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Maximum of 3 visits limited to R4 060 per beneficiary	Maximum of 5 visits limited to R6 030 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
NON-NETWORK SPECIALIST CONSULTATIONS	PMB only	
MATERNITY CARE (ALSO SEE CARE PROGRAMMES PAGE 8)	Antenatal consultations are subject to the GP consultation and specialist consultation benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
OVER-THE-COUNTER MEDICINE	Limited to R120 per event	Maximum of R340 per beneficiary, per year
	Subject to the BonCap medicine formulary and Bonitas pharmacy network	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R7 370 per family	Subject to Managed Care protocols
OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)	
EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR R420 per beneficiary for an eye examination, at a non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R225 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R485 per lens, per beneficiary, out of network
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R900 per designer lens, per beneficiary, in and out of network	
FRAMES	R290 per beneficiary at a network provider	OR R218 per beneficiary at a non-network provider
CONTACT LENSES	R1 335 per beneficiary	
BASIC DENTISTRY	You must use a provider on the DENIS network	Covered at the Bonitas Dental Tariff
	Managed Care protocols apply	
CONSULTATIONS	1 consultation per beneficiary	
EMERGENCY CONSULTATION	1 emergency consultation for sepsis per beneficiary	
X-RAYS: INTRA-ORAL	4 X-rays per beneficiary	
X-RAYS: EXTRA-ORAL	PMB only	
SCALING AND POLISHING	1 scaling and polishing	OR 1 polish per beneficiary
FLUORIDE TREATMENTS	1 treatment for beneficiaries from age 5 and younger than 16 years	
FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16 years	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only	Managed Care protocols apply
EMERGENCY ROOT CANAL THERAPY	For emergency treatment only, limited to pulp removal (wisdom teeth excluded)	Subject to DENIS treatment protocols
EXTRACTIONS	Subject to DENIS treatment protocols	Impacted teeth excluded

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service

DENTAL FILLINGS	4 fillings per beneficiary	Benefit for fillings is granted once per tooth, every 2 years
	Benefit for re-treatment of a tooth is subject to Managed Care protocols	
MAXILLO-FACIAL SURGERY IN DENTAL CHAIR	PMB only	Pre-authorisation from DENIS required
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Pre-authorisation from DENIS required
	Avoid a 30% co-payment by using a hospital on the applicable network	

ADDITIONAL BENEFITS

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

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	
CHILDHOOD IMMUNISATIONS UP TO AGE 12	According to the Expanded Programme on Immunisation in South Africa	
MILESTONE REMINDERS	For children under 3 years	
ONLINE SCREENINGS	For infant and toddler health	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram and ultrasound 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
	2 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 (one course per lifetime)	3 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 (one course per lifetime)
MEN'S HEALTH	1 prostate screening antigen test for men between ages 55 and 69	
ELDERLY HEALTH	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 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
CONTRACEPTIVES (FOR WOMEN AGED UP TO 50)	R1 330 per family	You must use the DSP for pharmacy-dispensed contraceptives
	If you choose not to use a DSP, a 40% co-payment applies	
WELLNESS SCREENING	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: <ul style="list-style-type: none">• Blood pressure• Glucose• Cholesterol• Body Mass Index• Waist-to-hip ratio
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the BonCap Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service

CHRONIC BENEFITS

BonCap ensures that you are covered for the **28** chronic conditions listed below. You must use Marara Pharmacy, our Designated Service Provider to get your medicine. If you choose not to use Marara Pharmacy or if you choose to use medicine that is not on the BonCap formulary, you will have to pay a 30% co-payment.

Subject to nomination of a network GP for management of chronic conditions.

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 R165 per beneficiary, per month)
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CARE PROGRAMMES

These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer. You will need to register to join these programmes.

CANCER	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Uses the Bonitas Oncology Network of specialists
	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)
HIV/AIDS	Provides you with appropriate treatment and tools to live your best life	Offers 1 annual pap smear for members who had a positive cytology test
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)	Helps in finding a registered counsellor for face-to-face emotional support
	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment	
MATERNITY SUPPORT (BY REGISTERING FOR THE MATERNITY PROGRAMME)	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
	Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
	Access to articles regarding common pregnancy concerns	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
PRE-DIABETIC LIFESTYLE MANAGEMENT PROGRAMME	Health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled	1 Dietician visit every 6 months
	1 Biokinetics assessment every 6 months	2 GP visits
HOSPITAL-AT-HOME (SUBJECT TO PRE-AUTHORISATION)	Care for any acute medical condition deemed appropriate by your treating doctor in collaboration with the hospital-at-home care team i.e., pneumonia, Covid-19, cellulitis, acute heart failure	An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
	A possible alternative to a step-down facility (depending on your condition and treatment needs), allowing for multidisciplinary services from the doctors, nurses and allied health professionals, such as physiotherapists	All the essential elements of hospital-level care: remote patient monitoring (including 24/7 vitals sign monitoring from our clinical command centre), daily virtual visits and clinical support from our team of doctors and nurses, provision of medical equipment such as oxygen when needed, intravenous therapy, and emergency ambulance services, when needed
	The in-person clinical visits also provide support for blood tests and medication administration as prescribed	A transitional care programme to minimise unplanned hospital re-admission

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MENTAL HEALTH PROGRAMME	Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse	Provides educational material on mental health which empowers you to manage your condition
	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	A digital platform designed to give members easy access to mental health information, community support and expert help
	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	
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	

IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorisation for your hospital admission. You will have to pay a 30% co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorisation within 48 hours of admission. Managed Care protocols apply.

GP CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap Rate
BLOOD TESTS AND OTHER LABORATORY TESTS	R32 480 per family except for PMB	
BLOOD TRANSFUSIONS	R23 600 per family except for PMB	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the BonCap Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R14 250 per family	Pre-authorisation required
	R1 230 co-payment per scan event, except for PMB	
CATARACT SURGERY	You must use a DSP or a R9 800 co-payment will apply	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	PMB only at the DSP	Managed Care protocols apply
	Pre-authorisation required	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 9)	PMB only	No cover for physiotherapy for mental health admissions
	You must use a DSP or a 30% co-payment will apply	
NEONATAL CARE	Limited to R57 940 per family, except for PMB	Subject to pre-authorisation and the use of a DSP, networks and Managed Care protocols
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R470 per hospital stay	
PHYSICAL REHABILITATION	R63 340 per family	Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R17 550 per family	Pre-authorisation required
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Pre-authorisation required
	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CANCER TREATMENT (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only at a DSP or a 30% co-payment applies	Pre-authorisation required
CANCER MEDICINE	Subject to the preferred product list	You must use a DSP or a 20% co-payment will apply
ORGAN TRANSPLANTS	PMB only at a DSP	Pre-authorisation required
KIDNEY DIALYSIS	Unlimited (subject to Managed Care protocols)	You must use a DSP or a 20% co-payment will apply
	Pre-authorisation required	
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 8)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a 30% co-payment will apply	
DAY SURGERY PROCEDURES THAT ARE COVERED	Adenoidectomy	Arthroscopy
	Cataract surgery	Circumcision
	Colonoscopy	Colposcopy
	Cystoscopy	Sigmoidoscopy
	Gastroscopy	Hysteroscopy
	Hysterosalpinogram	Tonsillectomy
	Myringotomy	
SURGICAL PROCEDURES THAT ARE NOT COVERED	Back and neck surgery	Joint replacement surgery
	Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery
	Varicose vein surgery	Hernia repair surgery
	Laparoscopic or keyhole surgery	Gastroscopies, colonoscopies and all other endoscopies
	Bunion surgery	In-hospital dental surgery

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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...

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