

2026

SAVINGS






**BONSAVE
BONFIT**



WHAT YOU PAY




BONSAVE

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

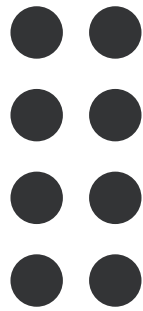
BONSAVE USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

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
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	

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		

BONFIT		
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 (sublimits apply)		
Paid from available savings		Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required
PMB only		
Paid from available savings		Pre-authorisation required
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		PMB consultations only
Covered at the Bonitas Dental Tariff		Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)		
Paid from available savings		
Paid from available savings		1 per beneficiary, every 3 years
2 annual scale and polish treatments per beneficiary (once every 6 months)		1 fissure sealant per tooth, once every 3 years for children under 16 years
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		

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)								
Paid from available savings	Pre-authorisation required																	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)																	
Paid from available savings	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)																	
SPECIALISED DENTISTRY	<table><tr><td>Paid from available savings</td><td>Covered at the Bonitas Dental Tariff</td></tr></table>	Paid from available savings	Covered at the Bonitas Dental Tariff	<table><tr><td>Paid from available savings</td><td>Covered at the Bonitas Dental Tariff</td></tr></table>	Paid from available savings	Covered at the Bonitas Dental Tariff												
Paid from available savings	Covered at the Bonitas Dental Tariff																	
Paid from available savings	Covered at the Bonitas Dental Tariff																	
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td colspan="2">2 partial frames (an upper and a lower) per beneficiary, once every 5 years</td></tr></table>	Paid from available savings	Pre-authorisation required	2 partial frames (an upper and a lower) per beneficiary, once every 5 years		<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td colspan="2">2 partial frames (an upper and a lower) per beneficiary, once every 5 years</td></tr></table>	Paid from available savings	Pre-authorisation required	2 partial frames (an upper and a lower) per beneficiary, once every 5 years									
Paid from available savings	Pre-authorisation required																	
2 partial frames (an upper and a lower) per beneficiary, once every 5 years																		
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	<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					
Paid from available savings	3 crowns per family, per year																	
Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required																	
A treatment plan and X-rays may be requested																		
Paid from available savings	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	<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
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																	
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																	
PERIODONTICS	<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr><tr><td colspan="2">Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme</td></tr></table>	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		<table><tr><td>Paid from available savings</td><td>Pre-authorisation required</td></tr></table>	Paid from available savings	Pre-authorisation required										
Paid from available savings	Pre-authorisation required																	
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme																		
Paid from available savings	Pre-authorisation required																	
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										
Paid from available savings	Managed Care protocols apply																	
For the removal of impacted teeth only	Pre-authorisation required																	
Paid from available savings	Pre-authorisation required																	
HOSPITALISATION (GENERAL ANAESTHETIC)	<table><tr><td>A co-payment of R5 200 per admission applies for the removal of impacted teeth only OR A R2 600 upfront co-payment if the dental treatment is done in a day hospital</td><td>Avoid a 30% co-payment by using a hospital on the applicable network</td></tr><tr><td>Managed Care protocols apply</td><td>Pre-authorisation required</td></tr></table>	A co-payment of R5 200 per admission applies for the removal of impacted teeth only OR A R2 600 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network	Managed Care protocols apply	Pre-authorisation required	<table><tr><td>PMB only</td><td>Avoid a 30% co-payment by using a hospital on the applicable network</td></tr><tr><td>Managed Care protocols apply</td><td>Pre-authorisation required</td></tr></table>	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network	Managed Care protocols apply	Pre-authorisation required								
A co-payment of R5 200 per admission applies for the removal of impacted teeth only OR A R2 600 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network																	
Managed Care protocols apply	Pre-authorisation required																	
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)	<table><tr><td colspan="2">Managed Care protocols apply</td></tr></table>	Managed Care protocols apply		<table><tr><td colspan="2">No benefit</td></tr></table>	No benefit													
Managed Care protocols apply																		
No benefit																		
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	<table><tr><td>Limited to extensive conservative dental treatment only</td><td>Managed Care protocols apply</td></tr><tr><td colspan="2">Pre-authorisation required</td></tr></table>	Limited to extensive conservative dental treatment only	Managed Care protocols apply	Pre-authorisation required		<table><tr><td colspan="2">PMB only</td></tr><tr><td colspan="2">Pre-authorisation required</td></tr></table>	PMB only		Pre-authorisation required									
Limited to extensive conservative dental treatment only	Managed Care protocols apply																	
Pre-authorisation required																		
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

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)
-----	---

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)

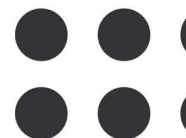
BONFIT

- 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

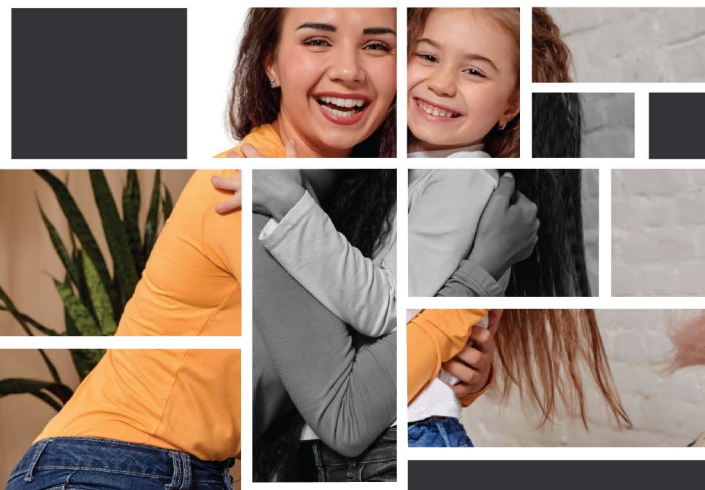
All benefits are subject to approval by the Council for Medical Schemes.



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

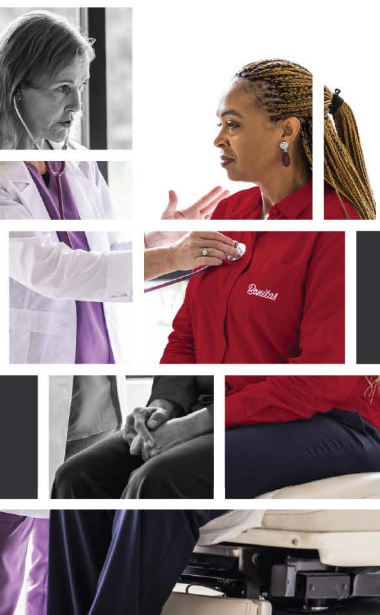


BE BETTER BENEFIT



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

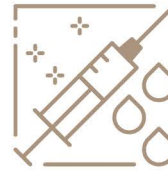


- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your 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

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

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

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

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...

■ ----- ┘
TO JOIN SPEAK TO YOUR **FINANCIAL ADVISOR**,
OR VISIT **BONITAS.CO.ZA**

 **Bonitas WhatsApp 060 070 2491**

 **BonCap/BonCore WhatsApp 060 042 9254**

 **www.bonitas.co.za**

 **Bonitas Medical Fund**

 **bonitas.co.za/members**

 **Bonitas Member App (excl. BonCap & BonCore)**

 **@BonitasMedical**