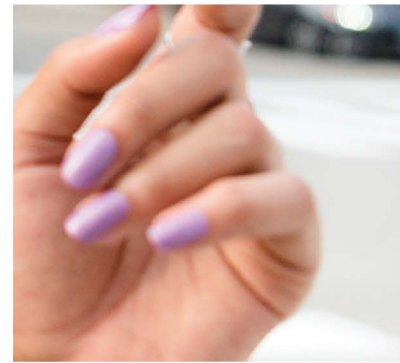
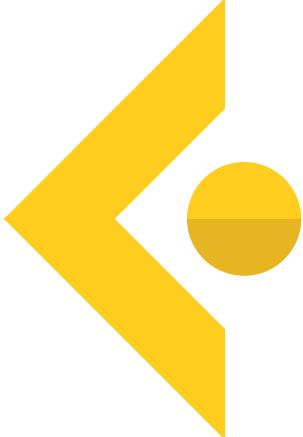


2026






**BONSTART
BONSTART PLUS**





WHAT YOU PAY

BONSTART

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

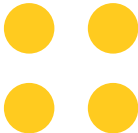
BONSTART USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

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

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

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

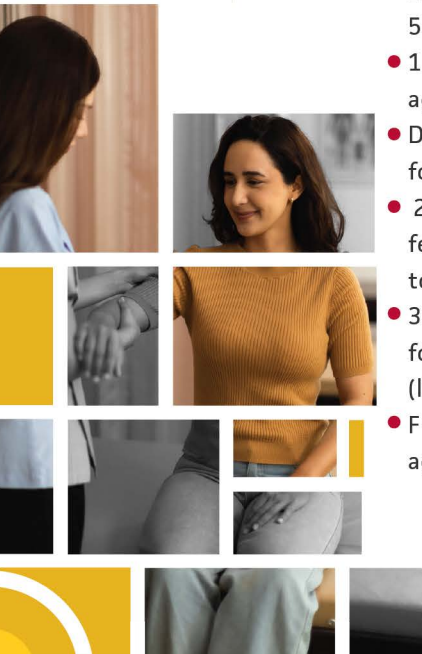


BE BETTER BENEFIT



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	

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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

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NOTES

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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...

■ ----- ┘
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)**

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