




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
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.	For specialist consultations you must get a referral from your GP (including virtual care consultations).	<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 dietitians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).
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	

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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

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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

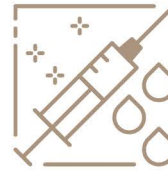


- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R14 400 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your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

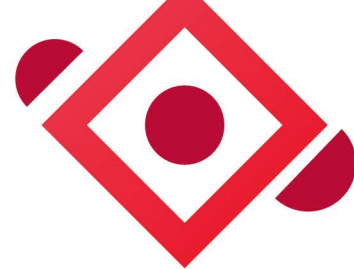


BACK AND NECK

- 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

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 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)

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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