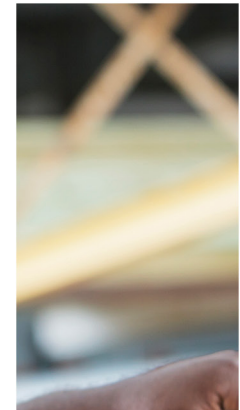


INCOME BASED



2026





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: • 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)
-----	---

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

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

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

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

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
	Gastrosocopy	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	Endoscopic surgery
	Bunion surgery	In-hospital dental surgery

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

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