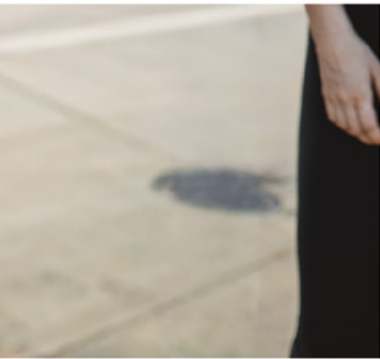


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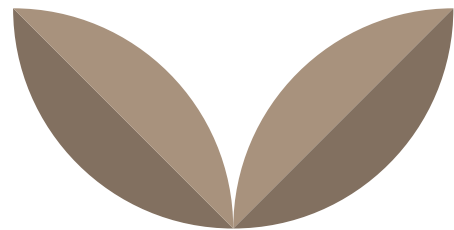




WHAT YOU PAY

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

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



IN-HOSPITAL BENEFITS

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

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

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

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

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

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

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

OUT-OF-HOSPITAL BENEFITS

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

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

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

CHRONIC BENEFITS

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

PRESCRIBED MINIMUM BENEFITS COVERED

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

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

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

ADDITIONAL CONDITION COVERED

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

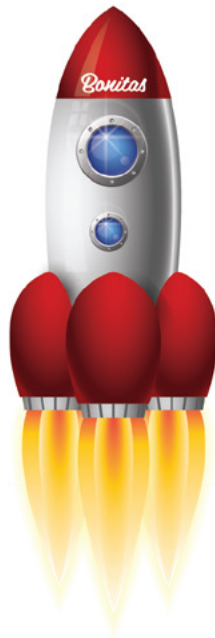
INTERNATIONAL TRAVEL BENEFIT	Up to R1.2 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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

BENEFIT BOOSTER

GET UP TO
R1 000
IN EXTRA BENEFITS

TO PAY FOR
OUT-OF-HOSPITAL
CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your benefits, that you get after completing an online mental health assessment and a wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your benefits last longer.

Annual amount available per family

IF YOU ARE ON

BonCore

YOUR BENEFIT
BOOSTER AMOUNT

R1 000

HOW TO ACTIVATE IT

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

NEW

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS AND MEDICINE ON THE BONITAS FORMULARY TO AVOID CO-PAYMENTS

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

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

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

Wellness screening includes the following tests:

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

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



CONTRACEPTIVES

- Paid from available Benefit Booster

CARE PROGRAMMES

FEMALE HEALTH



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

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists



MATERNITY PROGRAMME

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health

CARE PROGRAMMES



HOSPITAL-AT-HOME



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



HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Offers 1 annual pap smear for HIV+ women between ages 21-65, registered on the programme
- Covers 1 basic cytology test per annum or the HPV PCR once every 5 years
- 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



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...

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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**