

*Bonitas*

Medical Aid for South Africa



SAVINGS



2026



**BONSAVE**  
**BONFIT**



## WHAT YOU PAY

### BONSAVE

 MAIN MEMBER	<b>R4 047</b>
 ADULT DEPENDANT	<b>R3 059</b>
 CHILD DEPENDANT	<b>R1 211</b>

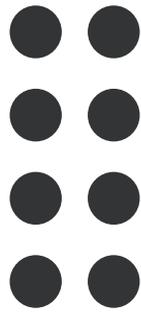
### BONFIT

 MAIN MEMBER	<b>R2 698</b>
 ADULT DEPENDANT	<b>R2 021</b>
 CHILD DEPENDANT	<b>R908</b>

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

BONFIT 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.



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

# 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

BONSAVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R12 144	R9 180	R3 636

BONFIT		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R4 848	R3 636	R1 632

<b>GP CONSULTATIONS</b> (INCLUDING VIRTUAL CARE CONSULTATIONS)
<b>ADDITIONAL GP CONSULTATIONS</b> (INCLUDING VIRTUAL CARE CONSULTATIONS)
<b>SPECIALIST CONSULTATIONS</b>
<b>NON-SURGICAL PROCEDURES</b>
<b>EMERGENCY ROOM BENEFIT</b> (FOR EMERGENCIES ONLY)
<b>BLOOD AND OTHER LABORATORY TESTS</b>
<b>X-RAYS AND ULTRASOUNDS</b>
<b>ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE</b>
<b>HOMEOPATHIC MEDICINE</b>
<b>ALLIED MEDICAL PROFESSIONALS</b> (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>

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	
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## BONSAVE

<b>OPTOMETRY</b>
<b>EYE TESTS</b>
<b>SINGLE VISION LENSES (CLEAR) OR</b>
<b>BIFOCAL LENSES (CLEAR) OR</b>
<b>MULTIFOCAL LENSES</b>
<b>FRAMES</b>
<b>CONTACT LENSES</b>
<b>GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)</b>
<b>IN-ROOM PROCEDURES</b>
<b>EXTERNAL PROSTHESES</b>
<b>MRI AND CT SCANS (SPECIALISED RADIOLOGY)</b>
<b>MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)</b>
<b>BASIC DENTISTRY</b>
<b>CONSULTATIONS</b>
<b>X-RAYS: INTRA-ORAL</b>
<b>X-RAYS: EXTRA-ORAL</b>
<b>PREVENTATIVE CARE</b>
<b>FILLINGS</b>
<b>ROOT CANAL THERAPY AND EXTRACTIONS</b>

Paid from available savings	
1 consultation per beneficiary, at a network provider	<b>OR</b> 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-authorization required
Paid from available savings	
R30 430 per family, in and out-of-hospital	Pre-authorization 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	<b>OR</b> 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-authorization required
PMB only	
Paid from available savings	Pre-authorization 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	

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<b>PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS</b>	Paid from available savings	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)	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)
<b>SPECIALISED DENTISTRY</b>	Paid from available savings	Covered at the Bonitas Dental Tariff	Paid from available savings	Covered at the Bonitas Dental Tariff
<b>PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS</b>	Paid from available savings	Pre-authorisation required	Paid from available savings	Pre-authorisation required
	2 partial frames (an upper and a lower) per beneficiary, once every 5 years		2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
<b>CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS</b>	Paid from available savings	3 crowns per family, per year	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	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
	A treatment plan and X-rays may be requested		A treatment plan and X-rays may be requested	
	Paid from available savings	Pre-authorisation required	Paid from available savings	Pre-authorisation required
<b>ORTHODONTICS AND ASSOCIATED LABORATORY COSTS</b>	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	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 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	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	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		Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	
<b>PERIODONTICS</b>	Paid from available savings	Managed Care protocols apply	Paid from available savings	Pre-authorisation required
	For the removal of impacted teeth only	Pre-authorisation required	Paid from available savings	Pre-authorisation required
<b>SURGERY IN THE DENTAL CHAIR</b>	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	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
<b>HOSPITALISATION (GENERAL ANAESTHETIC)</b>	Managed Care protocols apply		No benefit	
	Limited to extensive conservative dental treatment only	Managed Care protocols apply	PMB only	
<b>INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)</b>	Pre-authorisation required		Pre-authorisation required	
<b>MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)</b>	Pre-authorisation required		Pre-authorisation required	

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# 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)
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# 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	YOUR BENEFIT BOOSTER AMOUNT
BonFit	<b>R1 440</b>
BonSave	<b>R5 000</b>

## HOW TO ACTIVATE IT

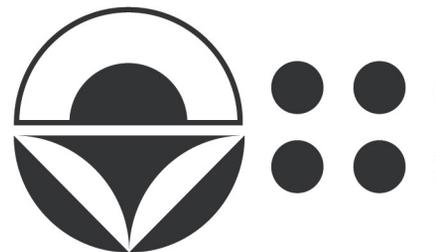
Complete an online mental health assessment *and* a wellness screening (at a Bonitas wellness day or participating pharmacy).

**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.

**NEW**

# 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)

NEW

## 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



## 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

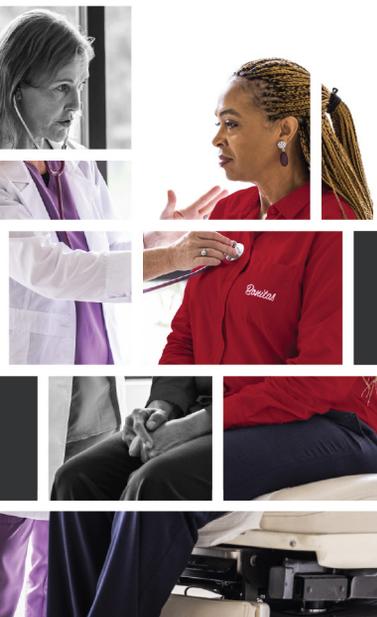


# BE BETTER BENEFIT



## 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 Counsellor who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Counsellor 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 Care Manager 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-authorization

## 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 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

# 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-authorization 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.

<b>SPECIALIST CONSULTATIONS/TREATMENT</b>
<b>GP CONSULTATIONS/TREATMENT</b>
<b>BLOOD TESTS AND OTHER LABORATORY TESTS</b>
<b>X-RAYS AND ULTRASOUNDS</b>
<b>MRI's AND CT SCANS (SPECIALISED RADIOLOGY)</b>
<b>CATARACT SURGERY</b>
<b>ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)</b>
<b>PHYSIOTHERAPY, PODIATRY AND BIOKINETICS</b>
<b>INTERNAL PROSTHESES</b>
<b>MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)</b>
<b>TAKE-HOME MEDICINE</b>
<b>PHYSICAL REHABILITATION</b>
<b>ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)</b>
<b>PALLIATIVE CARE (CANCER ONLY)</b>

<b>BONSAVE</b>	
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-authorization 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

<b>BONFIT</b>	
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-authorization 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

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<b>CANCER TREATMENT</b> (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)
<b>CANCER MEDICINE</b>
<b>PET SCANS</b> (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
<b>ORGAN TRANSPLANTS</b>
<b>KIDNEY DIALYSIS</b>
<b>HIV/AIDS</b> (ALSO SEE CARE PROGRAMMES PAGE 11)
<b>DAY SURGERY PROCEDURES</b> (APPLIES TO SELECTED PROCEDURES)

<b>BONSAVE</b>	
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	

<b>BONFIT</b>	
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	

<b>PROCEDURE CO-PAYMENTS</b> (PER EVENT, SUBJECT TO PRE-AUTHORISATION)
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<b>R2 020 co-payment</b>	<b>R5 130 co-payment</b>	<b>R9 500 co-payment</b>
<ol style="list-style-type: none"> <li>Colonoscopy</li> <li>Conservative Back Treatment</li> <li>Cystoscopy</li> <li>Facet Joint Injections</li> <li>Flexible Sigmoidoscopy</li> <li>Functional Nasal Surgery</li> <li>Gastroscopy</li> <li>Hysteroscopy (not Endometrial Ablation)</li> <li>Myringotomy</li> <li>Tonsillectomy and Adenoidectomy</li> <li>Umbilical Hernia Repair</li> <li>Varicose Vein Surgery</li> </ol>	<ol style="list-style-type: none"> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> <li>Laparoscopic Hysterectomy</li> <li>Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>	<ol style="list-style-type: none"> <li>Laparoscopic Pyeloplasty</li> <li>Laparoscopic Radical Prostatectomy</li> <li>Nissen Fundoplication (Reflux Surgery)</li> </ol>

# ADDITIONAL BENEFITS

<b>INTERNATIONAL TRAVEL BENEFIT</b>
<b>AFRICA BENEFIT</b>

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 approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

# NOTES

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## MEMBERSHIP

### 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](http://www.bonitas.co.za)

 Bonitas Medical Fund

 [bonitas.co.za/members](http://bonitas.co.za/members)

 Bonitas Member App (excl. BonCap & BonCore)

 @BonitasMedical