



2027

**BONCOMPREHENSIVE
BONCOMPLETE**

SAVINGS

WHAT YOU PAY

BONCOMPREHENSIVE

	MAIN MEMBER	R13 786
	ADULT DEPENDANT	R13 000
	CHILD DEPENDANT	R2 808

BONCOMPREHENSIVE PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

BONCOMPLETE

	MAIN MEMBER	R7 256
	ADULT DEPENDANT	R5 812
	CHILD DEPENDANT	R1 968

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

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. On BonComplete, remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 9 for more information.

BONCOMPREHENSIVE			BONCOMPLETE			
SAVINGS	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
	R24 816	R23 400	R5 052	R13 032	R10 440	R3 528
SELF-PAYMENT GAP	R5 650	R4 680	R2 140	R2 450	R2 080	R530
THRESHOLD LEVEL	R30 466	R28 080	R7 192	R15 482	R12 520	R4 058
ABOVE THRESHOLD BENEFIT	UNLIMITED			R6 520	R3 820	R1 670

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that not all claims accumulate to your self-payment gap. Claims will accumulate at the Bonitas Rate.

BONCOMPREHENSIVE		BONCOMPLETE	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings and/or above threshold benefit	Paid from available savings and/or above threshold benefit	
SPECIALIST CONSULTATIONS	Paid from available savings and/or above threshold benefit	You must get a referral from your GP	You must get a referral from your GP
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
NON-SURGICAL PROCEDURES	Paid from available savings and/or above threshold benefit		
BLOOD TESTS AND OTHER LABORATORY TESTS	Paid from available savings and/or above threshold benefit		
X-RAYS AND ULTRASOUNDS	Paid from available savings and/or above threshold benefit		

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

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
ACUTE MEDICINE
OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 13)
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
BLOOD PRESSURE MONITOR
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 12)

BONCOMPREHENSIVE	
R40 100 per family, in and out-of-hospital	Pre-authorisation required
R2 920 co-payment per scan event except for PMB	
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R19 360 per family combined with over-the-counter medicine
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R19 360 per family combined with acute medicine
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit
Subject to available savings and/or above threshold benefit	
Subject to available savings and/or above threshold benefit	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R21 180 per family
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Paid from available savings	Limited to R1 300 per family every 2 years
Subject to registration of your chronic condition (hypertension)	Subject to Managed Care protocols
1 insulin pump: R67 800 per family every 5 years	1 continuous glucose monitor: R29 200 per family every year
Consumables limited to R97 000 per family	

BONCOMPLETE	
R31 740 per family, in and out-of-hospital	Pre-authorisation required
R2 920 co-payment per scan event except for PMB	
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit
20% co-payment for non-network or non-formulary use in above threshold benefit	
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit
20% co-payment for non-network or non-formulary use in above threshold benefit	
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit
Subject to available savings and/or above threshold benefit	
Subject to available savings and/or above threshold benefit	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R21 180 per family
Paid from available savings and/or above threshold benefit	Subject to frequency limits and Managed Care protocols
Paid from available savings and/or above threshold benefit	Limited to R1 300 per family every 2 years
Subject to registration of your chronic condition (hypertension)	Subject to Managed Care protocols
1 insulin pump: R67 800 per family every 5 years	1 continuous glucose monitor: R29 200 per family every year
Consumables limited to R97 000 per family	

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

BONCOMPREHENSIVE

Maximum two devices per beneficiary, once every 3 years, based on the date of your previous claim		Avoid a 25% co-payment by using a DSP and formulary		
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required		
Paid from available savings and/or above threshold benefit, limited to R4 435 per beneficiary, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR	contact lenses
1 consultation per beneficiary, at a network provider	OR	R433 per beneficiary for an eye examination, at a non-network provider		
100% towards the cost of clear lenses, limited to R230 per lens, per beneficiary, at a non-network provider				
100% towards the cost of clear lenses, limited to R502 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 R930 per designer lens, per beneficiary, in and out of network				
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)				
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)				
Paid from available savings and/or above threshold benefit		Subject to the Bonitas Dental Management Programme		
Covered at the Bonitas Dental Tariff				
2 annual check-ups per beneficiary (once every 6 months)				
Managed Care protocols apply				
1 per beneficiary, every 3 years				
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				

BONCOMPLETE

Maximum two devices per beneficiary, once every 3 years, based on the date of your previous claim		Avoid a 25% co-payment by using a DSP and formulary	
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit	
Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required	
Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
1 consultation per beneficiary, at a network provider	OR	R433 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of clear lenses, limited to R230 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R502 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 R930 per designer lens, per beneficiary, in and out of network			
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)			
Paid from available savings and/or above threshold benefit (subject to optometry sublimit)			
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme	
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
1 per beneficiary, every 3 years			
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			

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

FILLINGS	Benefit for fillings is granted once per tooth, every 3 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols	Benefit for fillings is granted once per tooth, every 3 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		A treatment plan and X-rays may be required for multiple fillings	
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply		Managed Care protocols apply	
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
SPECIALISED DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme	Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
	Covered at the Bonitas Dental Tariff			
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply	1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
	A treatment plan and X-rays may be requested	Pre-authorisation required	A treatment plan and X-rays may be requested	Pre-authorisation required
IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years	Cost of implant components limited to R3 870 per implant	No benefit	
	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	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)	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% 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 fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	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
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	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	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
	Pre-authorisation required		Pre-authorisation required	

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MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY	Paid from available savings and/or above threshold benefit		Subject to the Bonitas Dental Management Programme	
	Covered at the Bonitas Dental Tariff			
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply		Pre-authorisation required	
HOSPITALISATION (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime			
	General anaesthetic benefit is available for the removal of impacted teeth		Managed Care protocols apply	
	Pre-authorisation required			
	Managed Care protocols apply			
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Limited to extensive dental treatment		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Pre-authorisation required			

Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
Managed Care protocols apply	Pre-authorisation required
General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 800 per admission applies for children under the age of 5 and R5 420 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 710 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	General anaesthetic benefit is available for the removal of impacted teeth
Pre-authorisation required	Managed Care protocols apply
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.5 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

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CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **61** chronic conditions listed below. Your chronic medicine benefit is **R19 570** per beneficiary and **R38 970** per family on the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or DSP. If you choose not to use a network pharmacy or DSP, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is 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 CONDITIONS COVERED

BONCOMPREHENSIVE

28.	Acne
29.	Allergic Rhinitis
30.	Alzheimer's Disease (early onset)
31.	Ankylosing Spondylitis
32.	Anorexia Nervosa
33.	Attention Deficit Disorder (in children aged 5-18)
34.	Barrett's Oesophagus
35.	Behcet's Disease
36.	Bulimia Nervosa
37.	Cystic Fibrosis
38.	Dermatitis
39.	Dermatomyositis

40.	Depression
41.	Eczema
42.	Gastro-Oesophageal Reflux Disease (GORD)
43.	Generalised Anxiety Disorder
44.	Gout
45.	Huntington's Disease
46.	Hyperthyroidism
47.	Myasthenia Gravis
48.	Narcolepsy
49.	Neuropathies
50.	Obsessive Compulsive Disorder
51.	Osteoporosis

52.	Paget's Disease
53.	Panic Disorder
54.	Polyarteritis Nodosa
55.	Post-Traumatic Stress Disorder
56.	Pulmonary Interstitial Fibrosis
57.	Psoriatic Arthritis
58.	Systemic Sclerosis
59.	Tourette's Syndrome
60.	Zollinger-Ellison Syndrome
61.	Benign Prostatic Hypertrophy

BONCOMPLETE

28.	Acne (children up to 21 years)
29.	Allergic Rhinitis (children up to 21 years)

30.	Allergic Dermatitis/Eczema (children up to 21 years)
31.	Attention Deficit Disorder (in children aged 5-18)

32.	Depression (medication up to R170 per beneficiary, per month)
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BENEFIT BOOSTER

**GET UP TO
R6 000**

IN EXTRA BENEFITS

TO PAY FOR OUT-OF-HOSPITAL CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an additional benefit amount that can be used to pay for eligible out-of-hospital claims once activated.

WHAT DOES IT COVER?

Once activated, out-of-hospital claims like GP visits, acute and over-the-counter medicine, blood tests, X-rays and more, will first pay from the available Benefit Booster amount, helping your savings or day-to-day benefits last longer.

How to activate your Benefit Booster



Simply complete the necessary health actions required by your plan to activate your Benefit Booster.

Action 1: Join B Value and complete your wellness screening

Register for B Value and complete your wellness screening at a Bonitas wellness day or an HRA preferred pharmacy. You can use the Provider Locator on our website to find a participating pharmacy near you.

Action 2: Complete a mental health assessment or get a flu vaccine during flu season

Complete an online mental health assessment through the Bonitas Member App or Member Zone, or get a flu vaccine during April and May.

To unlock the full potential of your Benefit Booster all at once, complete all your required actions in one go at a Bonitas wellness day or an HRA preferred pharmacy.

IF YOU ARE ON	Maximum amount per beneficiary		MAXIMUM AMOUNT PER FAMILY	LEVEL 1	LEVEL 2
	ADULT	CHILD			
BonComplete	R1 500	R750	R6 000	R1 000	R500

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once all adult beneficiaries have completed the 2 required actions. All claims are paid at the Bonitas Rate.

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

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MOTHERS & CHILD

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



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
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital

MATERNITY CARE



BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 710 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)
- Private ward after delivery - up to 3 days
- R210 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit, subject to formulary)

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 650 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)
- R210 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit or Benefit Booster, subject to formulary)

BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12

BONCOMPLETE

- 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

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 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
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over (*BonComprehensive only*)
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 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
- 1 network GP confirmation consultation per eligible beneficiary, within 14 business days of completing the wellness screening, to discuss the results, assess health risks and determine the appropriate next steps



Wellness screening includes the following tests:

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

On BonComplete: Remember to complete all your required actions to unlock the full potential of your Benefit Booster (See page 9).



CONTRACEPTIVES

- R2 140 per family (for women aged up to 55)

On BonComplete:

- You must use a Bonitas Network Pharmacy or Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or Designated Service Provider, a 40% co-payment applies

CARE Programmes

Our range of Care Programmes is designed to support you at every stage of your health journey and help put you on the path to better health. From chronic conditions and diabetes to oncology and female health, these programmes provide the support, guidance and interventions you need to manage your health and get the best possible care.

Because when it comes to your health, early detection and timely intervention can make all the difference – helping to improve health outcomes, enhance quality of life and make your benefits last.

DIABETES MANAGEMENT



This programme offers you a personalised care plan for your specific needs and provides education to help you understand your condition better.

ONCOLOGY / CANCER



This programme offers you a range of valuable resources and support throughout your cancer journey.

HOSPITAL-AT-HOME



This alternative to general ward admission provides safe, quality care for appropriate acute medical conditions, in the comfort of your own home.

HIP AND KNEE REPLACEMENT



With this programme doctors evaluate and treat your condition before surgery to give you the best outcome.

HEARING LOSS MANAGEMENT



This programme offers quality treatment and hearing devices to members who are experiencing hearing loss.

CARE Programmes

MENTAL HEALTH



This programme aims to improve your quality of life and empowers you to manage your mental health condition more effectively.

FEMALE HEALTH



This programme is accessible to all female members aged 18 and above, with an emphasis on preventative care and early detection of female-specific health issues.

HIV/AIDS



This confidential programme is designed to help individuals with HIV/AIDS live longer, more productive lives and equip them with the treatment and care needed to lead fulfilled lives.

LIVE LEAN



This programme aims to assist identified and enrolled members to lose excess weight and lead healthier, more rewarding lives.

NEW

BACK, NECK, SHOULDER & KNEE REHABILITATION



This programme helps members manage chronic back, neck, shoulder and knee pain by addressing the cause of their pain and improving their quality of life.

OCULAR HEALTH



This programme promotes early detection and intervention for conditions such as diabetic retinopathy, glaucoma, cataracts and age-related macular degeneration. It provides access to appropriate care and support to help protect your vision and improve your overall eye health.

NEW

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 the BonComplete option you can avoid a 30% co-payment by using a hospital on the applicable network.

	BONCOMPREHENSIVE		BONCOMPLETE	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 150% of the Bonitas Rate		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		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		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)	R40 100 per family, in and out-of-hospital	Pre-authorisation required	R31 740 per family, in and out-of-hospital	Pre-authorisation required
	R2 920 co-payment per scan event except for PMB		R2 920 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R70 500 for internal prosthesis per family		R60 110 per family	Managed Care protocols apply
	R70 500 for external prosthesis per family	Sublimit of R7 000 per breast prosthesis (limited to 2 per year)	Sublimit of R7 440 per breast prosthesis (limited to 2 per year)	
INTERNAL NERVE STIMULATORS	R220 400 per family		No benefit	
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)	R310 800 per beneficiary		No benefit	
COCHLEAR IMPLANTS	R369 800 per family		No benefit	
CATARACT SURGERY	Avoid a R7 740 co-payment by using a DSP		Avoid a R7 740 co-payment by using a DSP	
REFRACTIVE SURGERY	R27 700 per family	Pre-authorisation required	No benefit	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 13)	Subject to an assessment and referral through the Back, Neck, Shoulder and Knee Rehabilitation Programme		Subject to an assessment and referral through the Back, Neck, Shoulder and Knee Rehabilitation Programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 12)	Avoid a R40 220 co-payment by using the DSP		Avoid a R40 220 co-payment by using 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

MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 13)
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 12)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 13)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONCOMPREHENSIVE	
R62 500 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R700 per hospital stay	
R66 060 per family	
R22 500 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
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R467 500 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
Sublimit of R65 820 per beneficiary for Brachytherapy	Sublimit of R467 500 can be used for specialised drugs (including biological drugs)
2 scans per family per year	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
R268 400 per family	
Unlimited	Sublimit of R41 950 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	
Avoid a R5 670 co-payment by using a network day hospital	

BONCOMPLETE	
R42 960 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 R560 per hospital stay	
R70 160 per family	
R22 500 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
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R292 140 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
Sublimit of R65 820 per beneficiary for Brachytherapy	No benefit for specialised drugs unless PMB
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	
Unlimited	Sublimit of R44 550 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 the DSP
Avoid a R5 670 co-payment by using a network day hospital	

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