

SAVINGS



2027

BONPRIME



WHAT YOU PAY

BONPRIME

	MAIN MEMBER	R3 548
	ADULT DEPENDANT	R2 776
	CHILD DEPENDANT	R1 128

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

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 7 for more information.

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
SAVINGS	R7 668		R6 000		R2 436	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings					
ADDITIONAL GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	If you use all your savings for the year, your family will still get 1 GP consultation paid at the Bonitas Rate					
SPECIALIST CONSULTATIONS	Paid from available savings		You must get a referral from your GP			
NON-SURGICAL PROCEDURES	Paid from available savings					
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6			
	If it is not classified as an emergency, it will be paid from available savings					
BLOOD AND OTHER LABORATORY TESTS	Paid from available savings					
X-RAYS AND ULTRASOUNDS	Paid from available savings					
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE	Paid from available savings					
HOMEOPATHIC MEDICINE	Paid from available savings					
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings					
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings					
OPTOMETRY	Paid from available savings					
EYE TESTS	1 consultation per beneficiary, at a network provider		OR	R433 per beneficiary for an eye examination, at a non-network provider		
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R230 per lens, per beneficiary, at a non-network provider					
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R502 per lens, per beneficiary, at a non-network provider					
MULTIFOCAL LENSES	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					
FRAMES	Paid from available savings (sublimits apply)					
CONTACT LENSES	Paid from available savings (sublimits apply)					

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

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings		
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required	
EXTERNAL PROSTHESES	Paid from available savings		
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R4 160 per family	Pre-authorisation required	
	R2 340 co-payment per scan event except for PMB		
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	Paid from available savings		
BASIC DENTISTRY	Paid from available savings or available Benefit Booster	Covered at the Bonitas Dental Tariff	Managed Care protocols apply
EMERGENCY DENTAL BENEFIT	Managed Care protocols apply		
CONSULTATIONS	Paid from available savings	2 annual check-ups per beneficiary (once every 6 months)	
X-RAYS: INTRA-ORAL	Paid from available savings		
X-RAYS: EXTRA-ORAL	Paid from available savings	1 per beneficiary, every 3 years	
PREVENTATIVE CARE	Paid from available savings	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	
FILLINGS	Paid from available savings	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	
ROOT CANAL THERAPY AND EXTRACTIONS	Paid from available savings		
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	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)	

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SPECIALISED DENTISTRY	Paid from available savings	Covered at the Bonitas Dental Tariff	Managed Care protocols apply
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required	
	2 partial frames (an upper and a lower) per beneficiary, once every 5 years		
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	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	
	A treatment plan and X-rays may be requested		
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required	
	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 fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime	
PERIODONTICS	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	Managed Care protocols apply	
SURGERY IN THE DENTAL CHAIR	Paid from available savings	Managed Care protocols apply	
	Pre-authorisation required		
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network	
	Managed Care protocols apply	Pre-authorisation required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Paid from available savings	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Paid from available savings	Managed Care protocols apply	
	Limited to extensive dental treatment only	Pre-authorisation required	

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CHRONIC BENEFITS

BonPrime covers the **28** chronic conditions listed below. You must use a DSP to get your medicine. If you choose not to use a DSP or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
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 R170 per beneficiary, per month)
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BENEFIT BOOSTER

**GET UP TO
R8 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.

Action 3: Get an HIV test

Get an HIV test at a Bonitas wellness day or participating pharmacy and know your status.

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	LEVEL 3
	ADULT	CHILD				
BonPrime	R2 000	R1 000	R8 000	R1 000	R500	R500

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once all adult beneficiaries have completed at least 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



MATERNITY CARE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 150 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 or Benefit Booster, subject to formulary)



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline - 24/7 helpline for medical advice for children under 3 years
- 1 Paediatrician or GP consultation 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
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital

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
- 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

Remember to complete all your required actions to unlock the full potential of your Benefit Booster (See page 7).



CONTRACEPTIVES

- R 2 050 per family (for women aged up to 55)
- You must use a Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies
- Injectable contraceptives and administration covered at any Bonitas Network Pharmacy

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.

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.

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.

CARE = Programmes

DIABETES MANAGEMENT



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

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.



LIVE LEAN



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



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.

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.

IN-HOSPITAL BENEFITS

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

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R16 650 per family	Pre-authorisation required
	R2 340 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R8 760 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R29 820 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R490 per hospital stay	
PHYSICAL REHABILITATION	R66 060 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 180 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)	Unlimited for PMBs	R233 740 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 R65 820 per beneficiary for Brachytherapy
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% 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
ORGAN TRANSPLANTS	PMB only	PMB only for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R7 410 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS
(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

R2 110 co-payment	R5 350 co-payment	R9 910 co-payment
1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery	1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

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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**VALUE
AND WELLBEING**

FREE AND EXCLUSIVE
TO BONITAS MEMBERS.

Make your wellness journey more rewarding. Earn rewards for healthy actions, access exclusive partner benefits and track your wellness – all in one place.

Register now at: www.bonitas.co.za/b-value

HEALTH



Supports your physical and mental wellbeing so you can always B well.

FINANCIAL



Focuses on your financial wellbeing – helping you save more, stress less and B savvy.

VOUCHERS



Rewards you for prioritising your health, because good habits should B valued.

INSIGHT



Provides access to essential health information to help you take charge of your health and B informed.

**TO JOIN BONITAS,
SPEAK TO YOUR
FINANCIAL ADVISOR
OR VISIT BONITAS.CO.ZA**

GET SUPPORT



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Bonitas Member App