

SAVINGS



2027

**BONSAVE
BONFIT**



WHAT YOU PAY

BONSAVE

	MAIN MEMBER	R4 343
	ADULT DEPENDANT	R3 282
	CHILD DEPENDANT	R1 299

BONSAVE 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.

BONFIT

	MAIN MEMBER	R2 894
	ADULT DEPENDANT	R2 168
	CHILD DEPENDANT	R974

BONFIT 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. Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 7 for more information.

SAVINGS

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

BONSAVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R13 032	R9 852	R3 900

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	
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MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R5 196	R3 900	R1 752

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



BONSAVE

Paid from available savings		
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 (sublimits apply)		
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Paid from available savings	Subject to frequency limits as per Managed Care protocols	
Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required	
Paid from available savings		
R31 740 per family, in and out-of-hospital	Pre-authorisation required	
R1 940 co-payment per scan event except for PMB		
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R16 100 per family	
Covered at the Bonitas Dental Tariff	Managed Care protocols apply	
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 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	
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INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	<table><tr><td>Paid from available savings</td><td>Managed Care protocols apply</td></tr></table>	Paid from available savings	Managed Care protocols apply	<table><tr><td>Paid from available savings</td><td>Managed Care protocols apply</td></tr></table>	Paid from available savings	Managed Care protocols apply												
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CHRONIC BENEFITS

BonSave and BonFit cover 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.

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 R170 per beneficiary, per month)
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BENEFIT BOOSTER

**GET UP TO
R12 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				
BonSave	R3 000	R1 500	R12 000	R1 000	R1 000	R1 000
BonFit	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 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



BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 600 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)

BONFIT

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 150 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)
- 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
- 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
- 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

- R2 050 on BonSave & R1 650 on BonFit per family (for women aged up to 55)
- 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.

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 the BonSave and BonFit options you can avoid a 30% co-payment by using a hospital on the applicable network.

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

BONSAVE	
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	
R31 740 per family, in and out-of-hospital	Pre-authorisation required
R1 940 co-payment per scan event except for PMB	
Avoid a R8 760 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	
R42 840 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply
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 R520 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

BONFIT	
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	
R16 650 per family	Pre-authorisation required
R2 920 co-payment per scan event except for PMB	
Avoid a R10 220 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 880 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 R490 per hospital stay	
R70 160 per family	
R21 180 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

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

CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)
CANCER MEDICINE
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)
PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)

BONSAVE	
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
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 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 a DSP
Avoid a R5 670 co-payment by using a network day hospital	

BONFIT	
Unlimited for PMBs	R175 330 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
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 780 co-payment by using a network day hospital	

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

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

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