

EDGE



2027

**BONSTART
BONSTART PLUS**



WHAT YOU PAY

BONSTART

	MAIN MEMBER	R1 720
	ADULT DEPENDANT	R1 720
	CHILD DEPENDANT	R1 720

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

BONSTART PLUS

	MAIN MEMBER	R2 189
	ADULT DEPENDANT	R2 082
	CHILD DEPENDANT	R965

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

OUT-OF-HOSPITAL BENEFITS

Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 6 for more information.

	BONSTART		BONSTART PLUS	
VIRTUAL CARE GP CONSULTATIONS	Unlimited network GP Virtual Care consultations		Unlimited network GP Virtual Care consultations	
GP CONSULTATIONS	Unlimited network GP consultations	Authorisation required after 6th visit	Unlimited network GP consultations	Authorisation required after 10th visit
	R135 co-payment per visit	2 non-network GP consultations for emergencies per family	R80 co-payment per visit	2 non-network GP consultations for emergencies per family
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Limited to R1 930 per family	Subject to the radiology and pathology formulary	Limited to R3 600 per family	Subject to the radiology and pathology formulary
	For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use		For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use	
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)	Limited to R120 per event	Maximum of R590 per family, per year	Limited to R190 per event	Maximum of R895 per family, per year
	Avoid a 20% co-payment by using medicine that is on the formulary	Avoid a 20% co-payment by using the Bonitas Pharmacy Network	Avoid a 20% co-payment by using medicine that is on the formulary	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRAL)	Limited to 1 visit per family up to R1 430	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist	Limited to 2 visits per family up to R2 590	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
	R285 co-payment per visit	Subject to GP referral	R135 co-payment per visit	Subject to GP referral
OPTOMETRY	1 eye test per beneficiary at a network provider	R120 co-payment	1 eye test per beneficiary at a network provider	R120 co-payment
	Limited to R433 at a non-network provider		Limited to R433 at a non-network provider	

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

BASIC DENTISTRY

EMERGENCY DENTAL BENEFIT

GENERAL APPLIANCES

(SUCH AS WHEELCHAIRS AND CRUTCHES)

IN-ROOM PROCEDURES

(MANAGED CARE PROTOCOLS APPLY)

PHYSIOTHERAPY

MENTAL HEALTH CONSULTATIONS

(ALSO SEE CARE PROGRAMMES PAGE 10)

HIV/AIDS

(ALSO SEE CARE PROGRAMMES PAGE 9)

BONSTART

1 dental consultation per beneficiary	R135 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
Managed Care protocols apply	Covered at the Bonitas Dental Tariff
PMB only	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
2 consultations per beneficiary for sport-related injuries	R135 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP

BONSTART PLUS

1 dental consultation per beneficiary	R80 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
Managed Care protocols apply	Covered at the Bonitas Dental Tariff
R7 150 per family	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
4 consultations per beneficiary for sport-related injuries	R80 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP

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CHRONIC BENEFITS

BonStart and BonStart Plus cover you for the 28 chronic conditions listed below on the applicable formulary. 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.

BONSTART

&

BONSTART PLUS

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease	10.	Crohn's Disease	19.	Hyperlipidaemia
2.	Asthma	11.	Diabetes Insipidus	20.	Hypertension
3.	Bipolar Mood Disorder	12.	Diabetes Type 1	21.	Hypothyroidism
4.	Bronchiectasis	13.	Diabetes Type 2	22.	Multiple Sclerosis
5.	Cardiac Failure	14.	Dysrhythmias	23.	Parkinson's Disease
6.	Cardiomyopathy	15.	Epilepsy	24.	Rheumatoid Arthritis
7.	Chronic Obstructive Pulmonary Disease	16.	Glaucoma	25.	Schizophrenia
8.	Chronic Renal Disease	17.	Haemophilia	26.	Systemic Lupus Erythematosus
9.	Coronary Artery Disease	18.	HIV/AIDS	27.	Ulcerative Colitis

ADDITIONAL CONDITION COVERED

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

GET UP TO
R4 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			
BonStart	R1 000	R500	R4 000	R500	R500
BonStart Plus					

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



MATERNITY CARE

- R210 per month for antenatal vitamins during pregnancy (Paid from available Benefit Booster, subject to formulary)

BONSTART PLUS ONLY

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



CHILDCARE

- Babyline: 24/7 helpline for medical advice for children under 3 years
- 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

BONSTART PLUS ONLY

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12

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 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries 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 6).



CONTRACEPTIVES

- R1 320 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.

OCULAR HEALTH

NEW



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.

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

NEW



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

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.

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.

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to the applicable hospital network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you can avoid a R13 230 co-payment by using a hospital on the applicable network.

	BONSTART		BONSTART PLUS	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 930 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 290 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	Non-network GPs are covered at 70% of the Bonitas Rate	Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate	Non-network specialists are covered at 70% of the Bonitas Rate	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R33 500 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R24 330 per family except for PMB		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)	R14 700 per family	Pre-authorisation required	R14 700 per family	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)	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
CHILDBIRTH	Unlimited at the applicable hospital network	Avoid a R13 230 co-payment by using a hospital on the applicable network	Unlimited at the applicable hospital network	Avoid a R13 230 co-payment by using a hospital on the applicable network
	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
NEONATAL CARE	Limited to R59 740 per family except for PMB		Limited to R59 740 per family except for PMB	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only		PMB only	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	PMB only	No cover for physiotherapy for mental health admissions	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R13 230 co-payment by using a hospital on the applicable network		Avoid a R13 230 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		Limited to a 7-day supply up to R490 per hospital stay	
PHYSICAL REHABILITATION	R65 310 per family	Pre-authorisation required	R65 310 per family	Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 10</i>)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 9</i>)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R18 090 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R10 220 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
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	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP
Avoid a R13 230 co-payment by using a network day hospital	

R20 950 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R10 220 co-payment by using the DSP	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
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	Pre-authorisation required
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PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP
Avoid a R13 230 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
SURGICAL PROCEDURES THAT ARE NOT COVERED (EXCEPT FOR PMB LEVEL OF CARE)

R3 300 co-payment (Applies in addition to non-network hospital co-payment)	
1. Arthroscopy (when done as part of a surgical procedure)	
2. Laparoscopic Hysterectomy	
Back and neck surgery	Joint replacement surgery
Correction of Hallux Valgus	Functional nasal surgery
Varicose vein surgery	Oesophageal reflux and hernia repair surgery
Non-cancerous breast conditions	Gastroscopies, colonoscopies and all other endoscopies
Nail disorders	Knee and shoulder surgery
Skin disorders, including benign growths and lipomas	In-hospital dental surgery
Healthcare services for which admission to hospital is not necessary	

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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
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GET SUPPORT



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Bonitas Member App