



TRADITIONAL

2027

STANDARD

WHAT YOU PAY

	MAIN MEMBER	R6 474
	ADULT DEPENDANT	R5 612
	CHILD DEPENDANT	R1 900



STANDARD 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

Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 8 for more information.

OVERALL DAY-TO-DAY LIMIT	DAY-TO-DAY BENEFITS
	The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category. There is a separate benefit for tests and consultations for PMB treatment plans so this will not affect your day-to-day benefits.
MAIN MEMBER ONLY	R14 580
MAIN MEMBER + 1 DEPENDANT	R21 880
MAIN MEMBER + 2 DEPENDANTS	R24 310
MAIN MEMBER + 3 OR MORE DEPENDANTS	R26 740

DAY-TO-DAY SUBLIMITS	GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.	- You must nominate a maximum of 2 GPs on our network for each beneficiary for the year - For specialist consultations you must get a referral from your GP 2 non-nominated GP visits are allowed per family per year - Consultations with non-network GPs are limited to PMBs only (30% co-payment applies) - Includes virtual care GP consultations	- Avoid a 20% co-payment by using a Bonitas Pharmacy Network - Avoid a 20% co-payment by using medicine that is on the formulary - Over-the-counter medicine is limited to R970 per beneficiary and R3 040 per family	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).
MAIN MEMBER ONLY	R3 650	R3 650	R3 650	R3 650
MAIN MEMBER + 1 DEPENDANT	R5 470	R5 470	R5 470	R5 470
MAIN MEMBER + 2 DEPENDANTS	R6 080	R6 080	R6 080	R6 080
MAIN MEMBER + 3 OR MORE DEPENDANTS	R7 290	R7 290	R7 290	R7 290

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Subject to the available overall day-to-day limit	Subject to frequency limits as per Managed Care protocols
	R9 270 per family for Stoma Care and CPAP machines (Note: CPAP machines subject to Managed Care protocols)	
NON-SURGICAL PROCEDURES	Subject to the available overall day-to-day limit	

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These benefits are in addition to your overall day-to-day limit.

ADDITIONAL GP CONSULTATIONS (WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)
ADDITIONAL SPECIALIST CONSULTATIONS
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 11)
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 12)
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 11)
BLOOD PRESSURE MONITOR
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES

2 nominated GP consultations per family			
2 network specialist consultations per family		You must get a referral from your nominated GP	
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 the available GP & specialist day-to-day benefit			
Maximum two devices per family, 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 the auxiliary services day-to-day benefit	
R35 480 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 R21 180 per family	
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			
Limited to R1 300 per family every 2 years		Subject to the general medical appliances benefit	
Subject to registration of your chronic condition (hypertension)		Subject to Managed Care protocols	
Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required	
Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
1 composite 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 lenses at network rates		R230 per lens, per beneficiary, out of network	
100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network	
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			
R1 550 per beneficiary at a network provider	OR	R1 163 per beneficiary at a non-network provider	
R2 250 per beneficiary			

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These benefits are in addition to your overall day-to-day limit.

BASIC DENTISTRY	Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)	
X-RAYS: INTRA-ORAL	Managed Care protocols apply	
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years	
PREVENTATIVE CARE	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	
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
	A treatment plan and X-rays may be required for multiple fillings	
ROOT CANAL THERAPY AND EXTRACTIONS	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	20% co-payment applies
SPECIALISED DENTISTRY	Covered at the Bonitas Dental Tariff	
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	1 partial frame (an upper or lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	20% co-payment applies
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	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
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	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 80% 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
	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
	Pre-authorisation required	

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MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Pre-authorisation required
HOSPITALISATION (GENERAL ANAESTHETIC)	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	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	Avoid a 30% co-payment by using a hospital on the applicable network
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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CHRONIC BENEFITS

Standard offers cover for the **34** chronic conditions listed below, limited to **R13 590** per beneficiary and **R27 270** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. You must get your medicine from a Bonitas Network Pharmacy or DSP. If you choose not to use a network pharmacy or DSP, 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 – through a Bonitas Network Pharmacy or DSP.

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

28.	Ankylosing Spondylitis
29.	Attention Deficit Disorder (in children aged 5-18)
30.	Depression
31.	Eczema
32.	Gastro-Oesophageal Reflux Disease (GORD)
33.	Generalised Anxiety Disorder
34.	Gout

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
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				
Standard	R3 000	R1 500	R12 000	R1 000	R1 000	R1 000

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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All benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

MOTHERS & CHILD



MATERNITY PROGRAMME

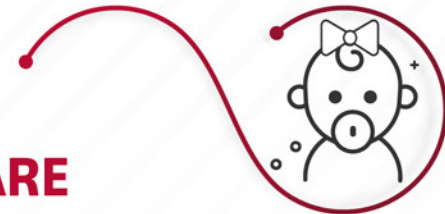
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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

- 12 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 acute medicine benefit 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
- 2 Paediatrician or GP consultation per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12
- 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

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
- 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 nominated 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 8).



CONTRACEPTIVES

- R2 140 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.

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.



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.



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)	R35 480 per family, in and out-of-hospital	Pre-authorisation required
	R1 940 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R60 110 per family	Managed Care protocols apply
	Sublimit of R7 440 per breast prosthesis (limited to 2 per year)	
	Subject to an assessment and referral through the Back, Neck, Shoulder and Knee Rehabilitation Programme	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 12)	Subject to an assessment and referral through the Back, Neck, Shoulder and Knee Rehabilitation Programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 11)	Avoid a R40 220 co-payment by using the DSP	
INTERNAL NERVE STIMULATORS	R234 000 per family	
COCHLEAR IMPLANTS	PMB only	
CATARACT SURGERY	Avoid a R7 740 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 12)	R54 130 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 R630 per hospital stay	
PHYSICAL REHABILITATION	R70 160 per family	

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R22 500 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
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 11</i>)	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	Sublimit of R171 200 can be used for specialised drugs (including biological drugs)
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	Unlimited	Sublimit of R44 550 per beneficiary for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 12</i>)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R5 670 co-payment by using a network day hospital	

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NOTES

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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.

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SPEAK TO YOUR
FINANCIAL ADVISOR
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Bonitas Member App