Bonitas

Medical Aid for South Africa





ALL PLANS 2027

PLANS ALL PLANS PLANS ALL PLANS

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01 EDGE PLANS

Bonitas
Medical Aid for South Africa





EDGE

2021

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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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

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	BONSTART	BONSTART PLUS
BASIC DENTISTRY	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	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
EMERGENCY DENTAL BENEFIT NEW	Managed Care protocols apply: Covered at the Bonitas Dental Tariff	Managed Care protocols apply: Covered at the Bonitas Dental Tariff
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	PMB only: Subject to frequency limits as per Managed Care protocols	R7 150 per family: Subject to frequency limits as per Managed Care protocols
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room: Pre-authorisation required	Cover for a defined list of approved procedures performed in the doctor's room: Pre-authorisation required
PHYSIOTHERAPY	2 consultations per beneficiary for sport-related injuries: R135 co-payment	4 consultations per beneficiary for sport-related injuries: R80 co-payment
	You must get a referral from your network GP or medical specialist	You must get a referral from your network GP or medical specialist
MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 10*)	PMB only	PMB only
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 9*)	Unlimited, if you register on the HIV/AIDS programme: Avoid a 30% co-payment by obtaining your chronic medicine from a DSP	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
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)

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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MOTHER & 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

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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
- NEW 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

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Bonitas
Medical Aid for South Africa

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.

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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.

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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)	R18 090 per family	Pre-authorisation required	R20 950 per family	Pre-authorisation required
	Managed Care protocols apply		Managed Care protocols apply	
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	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		Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CATARACT SURGERY	Avoid a R10 220 co-payment by using the DSP		Avoid a R10 220 co-payment by using the DSP	
DENTISTRY	PMB only		PMB only	
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – *SEE PAGE 10*)	Unlimited for PMBs	Pre-authorisation required	Unlimited for PMBs	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP		Avoid a 30% 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	PMB only	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	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	PMB only	Pre-authorisation required	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP		Avoid a 30% co-payment by using a DSP	
KIDNEY DIALYSIS	PMB only	Pre-authorisation required	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP		Avoid a 30% co-payment by using a DSP	
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 9*)	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R13 230 co-payment by using a network day hospital		Avoid a R13 230 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)	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	
SURGICAL PROCEDURES THAT ARE NOT COVERED (EXCEPT FOR PMB LEVEL OF CARE)	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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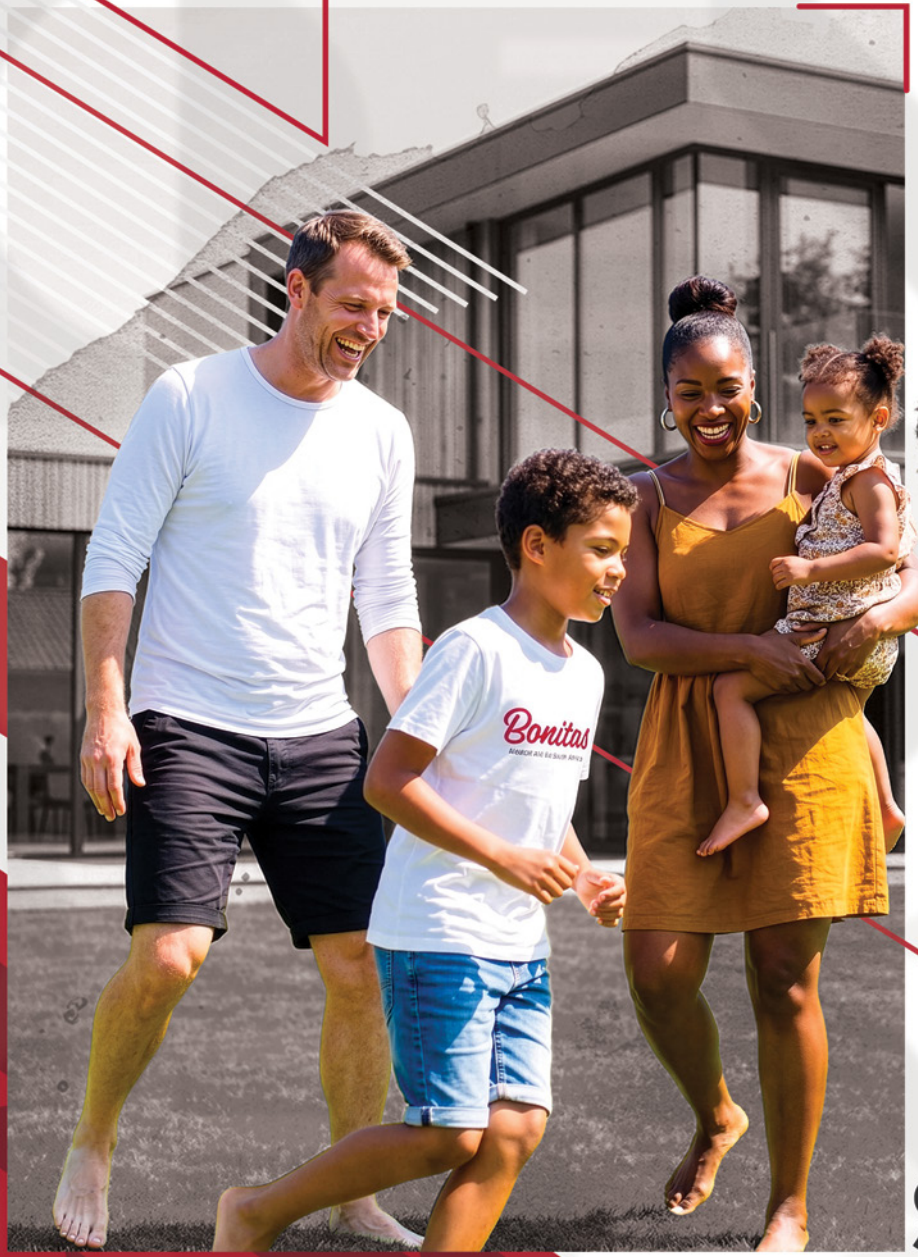
02

TRADITIONAL PLANS

Bonitas
Medical Aid for South Africa







TRADITIONAL

2021

STANDARD

Bonitas

WHAT YOU PAY

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

NEW 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.

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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)	2 nominated GP consultations per family			
ADDITIONAL SPECIALIST CONSULTATIONS	2 network specialist consultations per family		You must get a referral from your nominated GP	
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 the available GP & specialist day-to-day benefit			
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (*ALSO SEE CARE PROGRAMMES PAGE 11*)	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	
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			
MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 12*)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R21 180 per family	
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. *ALSO SEE CARE PROGRAMMES PAGE 11*)	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			
BLOOD PRESSURE MONITOR	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	
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required	
OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses **OR** contact lenses	
EYE TESTS	1 composite 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 lenses at network rates		R230 per lens, per beneficiary, out of network	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network	
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 (AND/OR LENS ENHANCEMENTS)	R1 550 per beneficiary at a network provider	**OR**	R1 163 per beneficiary at a non-network provider	
CONTACT LENSES	R2 250 per beneficiary			

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

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	

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

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

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	

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

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

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

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

Bonitas
Medical Aid for South Africa

MOTHER & CHILD



MATERNITY PROGRAMME

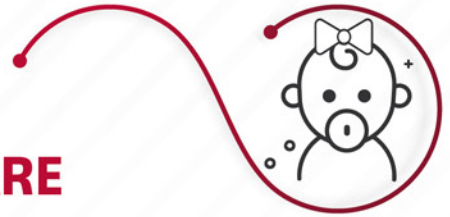
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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

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

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
- NEW 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

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

Bonitas
Medical Aid for South Africa

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.

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

Bonitas
Medical Aid for South Africa

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

NEW



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

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.

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

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)	
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	

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

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 – *SEE PAGE 11*)	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 (*ALSO SEE CARE PROGRAMMES PAGE 12*)	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	

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

Bonitas

Medical Aid for South Africa





TRADITIONAL

2021

PRIMARY

WHAT YOU PAY

MAIN MEMBER	R3 875
ADULT DEPENDANT	R3 032
CHILD DEPENDANT	R1 232

PRIMARY 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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

OUT-OF-HOSPITAL BENEFITS

Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 7 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.
MAIN MEMBER ONLY	R5 780
MAIN MEMBER + 1 DEPENDANT	R9 240
MAIN MEMBER + 2 DEPENDANTS	R11 560
MAIN MEMBER + 3 OR MORE DEPENDANTS	R12 710

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 R615 per beneficiary and R2 430 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	R2 430	R1 830	R2 430	R2 430
MAIN MEMBER + 1 DEPENDANT	R4 260	R3 040	R3 040	R3 040
MAIN MEMBER + 2 OR MORE DEPENDANTS	R5 470	R3 650	R3 650	R3 650

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
	R8 930 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	Subject to the available overall day-to-day limit

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

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

ADDITIONAL GP CONSULTATION (WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)	1 nominated GP consultation per family				
ADDITIONAL SPECIALIST CONSULTATION	1 network specialist consultation per family		You must get a referral from your nominated GP		
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 the available GP & specialist day-to-day benefit				
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R16 650 per family, in and out-of-hospital		Pre-authorisation required		
	R2 340 co-payment per scan event except for PMB				
MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 10*)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R10 200 per family		
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required		
OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	**OR**	contact lenses
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 lenses at network rates		R230 per lens, per beneficiary, out of network		
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network		
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 (AND/OR LENS ENHANCEMENTS)	R695 per beneficiary at a network provider	**OR**	R521 per beneficiary at a non-network provider		
CONTACT LENSES	R1 555 per beneficiary				
BASIC DENTISTRY	Covered at 75% of the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme and a DSP		
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		Benefit for root canal includes all teeth except primary teeth and permanent molars		

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

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

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
	Pre-authorisation required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Covered at 75% of the Bonitas Dental Tariff	Pre-authorisation required
PERIODONTICS	Covered at 75% of the Bonitas Dental Tariff	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

CHRONIC BENEFITS

Primary covers 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.

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)

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

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				
Primary	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

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

Bonitas
Medical Aid for South Africa

MOTHER & CHILD



MATERNITY PROGRAMME

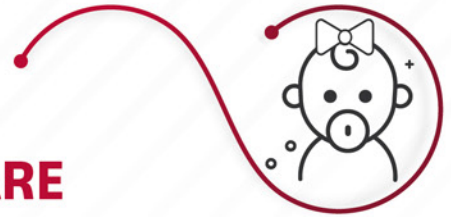
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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
- 2 2D ultrasound scans
- 1 amniocentesis
- R1 150 for antenatal classes
- 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
- 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

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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
- NEW 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 7).

CONTRACEPTIVES

- R2 050 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

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.

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

Bonitas
Medical Aid for South Africa

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

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.

LIVE LEAN

NEW



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.

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

Bonitas
Medical Aid for South Africa

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, in and out-of-hospital	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)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 10*)	R40 450 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
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

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

PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	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	PMB only	
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 the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R6 780 co-payment by using a network day hospital	

	R2 110 co-payment	**R5 350 co-payment**	**R9 910 co-payment**
PROCEDURE CO-PAYMENTS (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	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)

03 SAVINGS PLANS

Bonitas

Medical Aid for South Africa





SAVINGS

2027

BONCOMPREHENSIVE
BONCOMPLETE

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.

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.

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

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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		
	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
SAVINGS	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	Paid from available savings and/or above threshold benefit	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	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
NON-SURGICAL PROCEDURES	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
BLOOD TESTS AND OTHER LABORATORY TESTS	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	
X-RAYS AND ULTRASOUNDS	Paid from available savings and/or above threshold benefit		Paid from available savings and/or above threshold benefit	

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	BONCOMPREHENSIVE		BONCOMPLETE	
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	
ACUTE MEDICINE	Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to 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	Above threshold limit of R19 360 per family combined with over-the-counter medicine	20% co-payment for non-network or non-formulary use in above threshold benefit	
OVER-THE-COUNTER MEDICINE	Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to 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	Above threshold limit of R19 360 per family combined with acute medicine	20% co-payment for non-network or non-formulary use in above threshold benefit	
HOMEOPATHIC MEDICINE	Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit	Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to available savings and/or above threshold benefit		Subject to available savings and/or above threshold benefit	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings and/or above threshold benefit		Subject to available savings and/or above threshold benefit	
MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 13*)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R21 180 per family	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R21 180 per family
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to frequency limits as per Managed Care protocols	Paid from available savings and/or above threshold benefit	Subject to frequency limits and Managed Care protocols
BLOOD PRESSURE MONITOR	Paid from available savings	Limited to R1 300 per family every 2 years	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	Subject to registration of your chronic condition (hypertension)	Subject to Managed Care protocols
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. *ALSO SEE CARE PROGRAMMES PAGE 12*)	1 insulin pump: R67 800 per family every 5 years	1 continuous glucose monitor: R29 200 per family every year	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		Consumables limited to R97 000 per family	

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	BONCOMPREHENSIVE	BONCOMPLETE
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) *(ALSO SEE CARE PROGRAMMES PAGE 12)*	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	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	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
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room. Pre-authorisation required	Cover for a defined list of approved procedures performed in the doctor's room. Pre-authorisation required
OPTOMETRY	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	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
EYE TESTS	1 consultation per beneficiary, at a network provider **OR** R433 per beneficiary for an eye examination, at a non-network provider	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	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	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	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 and/or above threshold benefit (subject to optometry sublimit)	Paid from available savings and/or above threshold benefit (subject to optometry sublimit)
CONTACT LENSES	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)
BASIC 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
CONSULTATIONS	Covered at the Bonitas Dental Tariff	2 annual check-ups per beneficiary (once every 6 months)
X-RAYS: INTRA-ORAL	2 annual check-ups per beneficiary (once every 6 months)	Managed Care protocols apply
X-RAYS: EXTRA-ORAL	Managed Care protocols apply	1 per beneficiary, every 3 years
PREVENTATIVE CARE	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	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	Fluoride treatments are only covered for children from age 5 and younger than 16 years

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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	
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	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 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	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	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 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
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	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		Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required		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

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

CHRONIC BENEFITS

BONCOMPREHENSIVE & BONCOMPLETE

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.

BONCOMPLETE

BonComplete offers cover for **32** chronic conditions, using 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.

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)

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

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

NEW

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

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

Bonitas
Medical Aid for South Africa

MOTHER & 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

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)

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

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
- NEW 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

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Bonitas
Medical Aid for South Africa

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.

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Bonitas
Medical Aid for South Africa

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

NEW



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

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.

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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	

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	BONCOMPREHENSIVE		BONCOMPLETE	
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 13*)	R62 500 per family	No cover for physiotherapy for mental health admissions	R42 960 per family	No cover for physiotherapy for mental health admissions
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R700 per hospital stay		Avoid a 30% co-payment by using a hospital on the applicable network	
PHYSICAL REHABILITATION	R66 060 per family		Limited to a 7-day supply up to R560 per hospital stay	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R22 500 per family	Managed Care protocols apply	R70 160 per family	
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	R22 500 per family	Managed Care protocols apply
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – *SEE PAGE 12*)	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
	R467 500 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached		Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
	Sublimit of R65 820 per beneficiary for Brachytherapy	Sublimit of R467 500 can be used for specialised drugs (including biological drugs)	R292 140 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	2 scans per family per year	Avoid a 25% co-payment by using a provider on the network	Sublimit of R65 820 per beneficiary for Brachytherapy	No benefit for specialised drugs unless PMB
CANCER MEDICINE	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
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)	R268 400 per family		Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	Unlimited	Sublimit of R41 950 per beneficiary for corneal grafts	PMB only	
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	Unlimited	Sublimit of R44 550 per beneficiary for corneal grafts
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 13*)	Unlimited, if you register on the HIV/AIDS programme		Unlimited	Avoid a 20% co-payment by using a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R5 670 co-payment by using a network day hospital		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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Bonitas

Medical Aid for South Africa





SAVINGS

2027

BONCLASSIC

WHAT YOU PAY

MAIN MEMBER	R9 078
ADULT DEPENDANT	R7 792
CHILD DEPENDANT	R2 241

BONCLASSIC 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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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	R16 344	R14 028	R4 032

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings	
SPECIALIST CONSULTATIONS	Paid from available savings	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
NON-SURGICAL PROCEDURES	Paid from available savings	
ACUTE MEDICINE	Paid from available savings	
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	
BLOOD TESTS AND X-RAYS	Paid from available savings	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R39 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 920 co-payment per scan event except for PMB	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to frequency limits as per Managed Care protocols
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. *ALSO SEE CARE PROGRAMMES PAGE 10*)	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	
BLOOD PRESSURE MONITOR	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

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MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 11*)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R21 180 per family		
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required		
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (*ALSO SEE CARE PROGRAMMES PAGE 10*)	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 are paid from available savings		
OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	**OR**	contact lenses
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 lenses at network rates		R230 per lens, per beneficiary, out of network		
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network		
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	R1 473 per beneficiary at a network provider	**OR**	R1 105 per beneficiary at a non-network provider		
CONTACT LENSES	R2 255 per beneficiary				
BASIC DENTISTRY	R6 680 per family, per year		Covered at the Bonitas Dental Tariff		
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		Managed Care protocols apply		
	Pre-authorisation required				

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

SPECIALISED DENTISTRY	R8 040 per family, per year	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial metal frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	
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 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
	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	
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 hospital 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 available to children under the age of 5 for extensive dental treatment
	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
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

BonClassic offers cover for the **46** chronic conditions listed below, limited to **R16 030** per beneficiary and **R33 140** per family on the applicable 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

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5 -18)
31.	Barrett's Oesophagus
32.	Depression
33.	Eczema
34.	Gastro-Oesophageal Reflux Disease (GORD)

35.	Generalised Anxiety Disorder
36.	Gout
37.	Obsessive Compulsive Disorder
38.	Osteoporosis
39.	Paget's Disease
40.	Panic Disorder
41.	Polyarteritis Nodosa

42.	Pulmonary Interstitial Fibrosis
43.	Post-Traumatic Stress Disorder
44.	Scleroderma
45.	Tourette's Syndrome
46.	Zollinger-Ellison Syndrome

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GET UP TO
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IN EXTRA BENEFITS
TO PAY FOR OUT-OF-HOSPITAL CLAIMS



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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

NEW

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			
BonClassic	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

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

Bonitas
Medical Aid for South Africa

MOTHER & CHILD



MATERNITY PROGRAMME

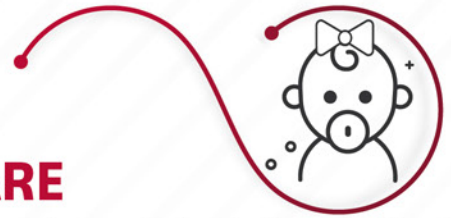
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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 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
- 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

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

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
- 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
- NEW 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 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

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.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

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

NEW



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

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.

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

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)	R39 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 920 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R70 500 per family, unless PMB	Managed Care protocols apply
	Sublimit of R7 440 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (*ALSO SEE CARE PROGRAMMES PAGE 11*)	Subject to an assessment and referral for spinal surgery through the Back, Neck, Shoulder and Knee Rehabilitation Programme	
HIP AND KNEE REPLACEMENTS (*ALSO SEE CARE PROGRAMMES PAGE 10*)	Avoid a R40 220 co-payment by using the DSP	
COCHLEAR IMPLANTS	R392 800 per family	
CATARACT SURGERY	Avoid a R7 740 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION	R54 930 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	

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

PHYSICAL REHABILITATION	R70 160 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R22 500 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to 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 – *SEE PAGE 10*)	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
	R350 550 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	
	Sublimit of R171 160 can be used for drugs (including biological drugs)	Sublimit of R65 820 per beneficiary for Brachytherapy
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
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS) 	R200 000 per family	
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 (*ALSO SEE CARE PROGRAMMES PAGE 11*)	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	

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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Bonitas
Medical Aid for South Africa





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.

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.

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

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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.

	BONSAVE			BONFIT		
	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
SAVINGS	R13 032	R9 852	R3 900	R5 196	R3 900	R1 752

	BONSAVE		BONFIT	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings		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 a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate		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	
SPECIALIST CONSULTATIONS	Paid from available savings	You must get a referral from your GP	Paid from available savings	You must get a referral from your GP
NON-SURGICAL PROCEDURES	Paid from available savings		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	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		If it is not classified as an emergency, it will be paid from available savings	
BLOOD AND OTHER LABORATORY TESTS	Paid from available savings		Paid from available savings	
X-RAYS AND ULTRASOUNDS	Paid from available savings		Paid from available savings	
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE	Paid from available savings		Paid from available savings	
HOMEOPATHIC MEDICINE	Paid from available savings		Paid from available savings	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings		Paid from available savings	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings		Paid from available savings	

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	BONSAVE		BONFIT	
OPTOMETRY	Paid from available savings		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		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		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		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		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)		Paid from available savings (sublimits apply)	
CONTACT LENSES	Paid from available savings (sublimits apply)		Paid from available savings (sublimits apply)	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to frequency limits as per Managed Care protocols	Paid from available savings	Subject to frequency limits as per Managed Care protocols
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required
EXTERNAL PROSTHESES	Paid from available savings		PMB only	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R31 740 per family, in and out-of-hospital	Pre-authorisation required	Paid from available savings	Pre-authorisation required
	R1 940 co-payment per scan event except for PMB			
MENTAL HEALTH CONSULTATIONS (*ALSO SEE CARE PROGRAMMES PAGE 10*)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R16 100 per family	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	PMB consultations only
BASIC DENTISTRY	Covered at the Bonitas Dental Tariff	Managed Care protocols apply	Covered at the Bonitas Dental Tariff	Managed Care protocols apply
EMERGENCY DENTAL BENEFIT NEW	Managed Care protocols apply		Managed Care protocols apply	
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)		2 annual check-ups per beneficiary (once every 6 months)	
X-RAYS: INTRA-ORAL	Paid from available savings		Paid from available savings	
X-RAYS: EXTRA-ORAL	Paid from available savings	1 per beneficiary, every 3 years	Paid from available savings	1 per beneficiary, every 3 years
PREVENTATIVE CARE	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 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		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	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	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		Paid from available savings	

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PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required	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)	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)
SPECIALISED DENTISTRY	Paid from available savings	Covered at the Bonitas Dental Tariff	Paid from available savings	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required	Paid from available savings	Pre-authorisation required
	2 partial frames (an upper and a lower) per beneficiary, once every 5 years		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	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	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
	A treatment plan and X-rays may be requested		A treatment plan and X-rays may be requested	
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Paid from available savings	Pre-authorisation required	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	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 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	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	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			
SURGERY IN THE DENTAL CHAIR	Paid from available savings	Managed Care protocols apply	Paid from available savings	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R5 420 per admission applies for the removal of impacted teeth only OR A R2 710 upfront 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	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Paid from available savings	Managed Care protocols apply	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	Paid from available savings	Managed Care protocols apply
	Limited to extensive dental treatment only	Pre-authorisation required	Limited to extensive dental treatment only	Pre-authorisation required

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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

NEW

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

MOTHER & CHILD

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)

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
- 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

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

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
- NEW 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

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.

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

Bonitas
Medical Aid for South Africa

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

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.

LIVE LEAN

NEW



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.

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

Bonitas
Medical Aid for South Africa

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.

	BONSAVE		BONFIT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% 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)	R31 740 per family, in and out-of-hospital	Pre-authorisation required	R16 650 per family	Pre-authorisation required
	R1 940 co-payment per scan event except for PMB		R2 920 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R8 760 co-payment by using the DSP		Avoid a R10 220 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 available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner		Subject to referral by treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings, except for PMB	Covered at the Bonitas Rate	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner		Subject to referral by treating practitioner	
INTERNAL PROSTHESES	R42 840 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 10*)	R42 960 per family	No cover for physiotherapy for mental health admissions	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		Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R520 per hospital stay		Limited to a 7-day supply up to R490 per hospital stay	
PHYSICAL REHABILITATION	R70 160 per family		R70 160 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R22 500 per family	Managed Care protocols apply	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	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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	BONSAVE		BONFIT	
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	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	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	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	PMB only	Avoid a 25% co-payment by using a provider on the network
ORGAN TRANSPLANTS	Unlimited	Sublimit of R44 550 per beneficiary for corneal grafts	Unlimited	PMB only for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	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 a DSP	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 R5 670 co-payment by using a network day hospital		Avoid a R6 780 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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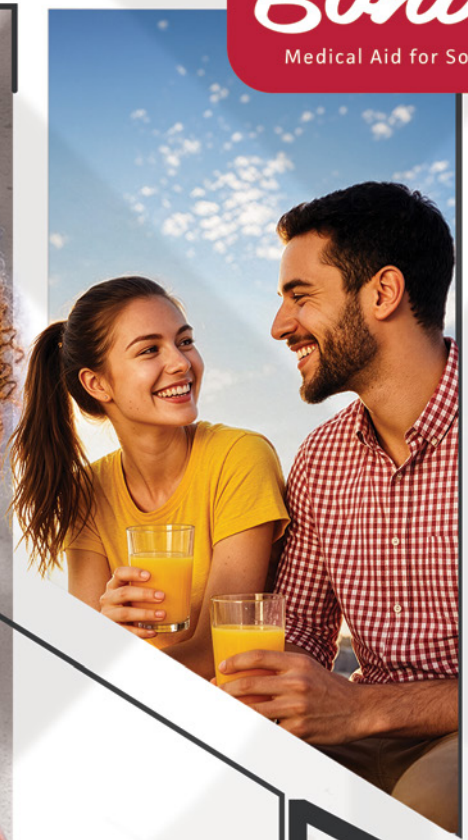
Bonitas
Medical Aid for South Africa





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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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 NEW	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)	

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

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)

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

NEW

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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Bonitas
Medical Aid for South Africa

MOTHER & CHILD



MATERNITY PROGRAMME

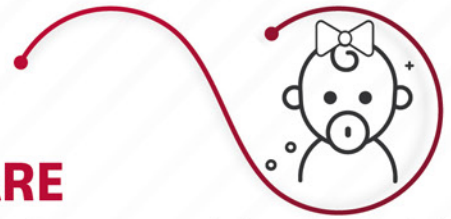
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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

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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
- NEW 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

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Bonitas
Medical Aid for South Africa

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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.

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

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OCULAR HEALTH

NEW



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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.

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

Bonitas
Medical Aid for South Africa

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

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*)	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

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

04 HOSPITAL PLANS

Bonitas
Medical Aid for South Africa





HOSPITAL

2027

HOSPITAL STANDARD

WHAT YOU PAY

MAIN MEMBER	R3 942
ADULT DEPENDANT	R3 320
CHILD DEPENDANT	R1 498

HOSPITAL 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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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 on the applicable network. 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)	R33 420 per family	Pre-authorisation required
	R2 920 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R10 220 co-payment by using the DSP	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner
INTERNAL PROSTHESES	R56 600 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
HOSPITALISATION FOR DENTISTRY (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	Managed Care and admission protocols apply
	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	Pre-authorisation required
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS SEDATION)	Managed Care protocols apply	Pre-authorisation required
	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits	
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 8*)	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	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R600 per hospital stay	

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

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
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – *SEE PAGE 8*)	Unlimited for PMBs at a DSP	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
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	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 R41 950 per beneficiary for corneal grafts
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 9*)	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 R6 780 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)

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations and other out-of-hospital medical expenses.

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
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only	

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

CHRONIC BENEFITS

Hospital Standard covers 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 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)

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

MOTHER & CHILD



MATERNITY PROGRAMME

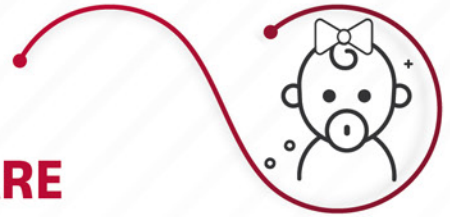
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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
- 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

- 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
- 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
- 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
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years

WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy or a Bonitas wellness day
- NEW 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

CONTRACEPTIVES

- R1 650 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

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

Bonitas
Medical Aid for South Africa

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.

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

Bonitas
Medical Aid for South Africa

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

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.

LIVE LEAN

NEW



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.

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

Bonitas
Medical Aid for South Africa

Bonitas
Medical Aid for South Africa





HOSPITAL

2027

BONESSENTIAL
BONESSENTIAL SELECT

WHAT YOU PAY

BONESSENTIAL

MAIN MEMBER	R3 000
ADULT DEPENDANT	R2 217
CHILD DEPENDANT	R970

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

BONESSENTIAL SELECT

MAIN MEMBER	R2 526
ADULT DEPENDANT	R1 850
CHILD DEPENDANT	R834

BONESSENTIAL SELECT 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.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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

	BONESSENTIAL		BONESSENTIAL SELECT	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 000 co-payment for non-PMB admissions	Unlimited at the applicable hospital network	R1 240 co-payment for non-PMB admissions
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% 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)	R16 650 per family	Pre-authorisation required	R16 650 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	
CATARACT SURGERY	Avoid a R10 220 co-payment by using the DSP		Avoid a R10 220 co-payment by using the DSP	
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
INTERNAL AND EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
HOSPITALISATION FOR DENTISTRY (GENERAL ANAESTHETIC)	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply
	A co-payment of R5 420 per admission applies for the removal of impacted teeth only OR A R2 710 co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth	A co-payment of R5 420 per admission applies for the removal of impacted teeth only OR A R2 710 co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth
		Avoid a 30% co-payment by using a hospital on the applicable network		Avoid a 30% co-payment by using a hospital on the applicable network
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 10*)	R19 880 per family	No cover for physiotherapy for mental health admissions	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		Avoid a 30% co-payment by using a hospital on the applicable network	

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

	BONESSENTIAL		BONESSENTIAL SELECT	
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	R66 060 per family		R66 060 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 180 per family	Managed Care protocols apply	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	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 – *SEE PAGE 10*)	Unlimited for PMBs at a DSP	Pre-authorisation required	Unlimited for PMBs at a DSP	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP	Sublimit of R65 820 per beneficiary for Brachytherapy	Avoid a 30% co-payment by using a DSP	Sublimit of R65 820 per beneficiary for Brachytherapy
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network	PMB only	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	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	PMB only		PMB only	
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	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 the DSP	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 R6 780 co-payment by using a network day hospital		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)

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

CHRONIC BENEFITS

BonEssential and BonEssential Select 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.

BONESSENTIAL & BONESSENTIAL SELECT

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)

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for emergency room consultations 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.

BONESSENTIAL	&	BONESSENTIAL SELECT

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
	If it is not classified as an emergency, it will be paid from the available Benefit Booster amount	
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only	

ADDITIONAL BENEFITS

BONESSENTIAL	&	BONESSENTIAL SELECT

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

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

NEW

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.

IF YOU ARE ON	Maximum amount per beneficiary		MAXIMUM AMOUNT PER FAMILY	LEVEL 1	LEVEL 2
	ADULT	CHILD			
BonEssential	R1 000	R500	R4 000	R500	R500
BonEssential Select					

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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Bonitas
Medical Aid for South Africa

MOTHER & CHILD



MATERNITY PROGRAMME

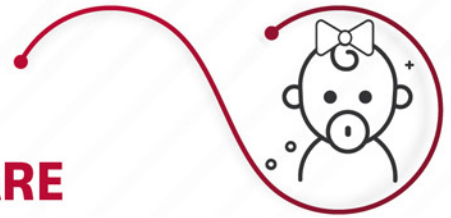
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- 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
- 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 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 GP consultation per child between ages 2 and 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: 1 per tooth, once every 3 years for beneficiaries under 16 years
- 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
- NEW 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

- R1 650 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

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

Bonitas
Medical Aid for South Africa

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.

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Bonitas
Medical Aid for South Africa

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

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.

LIVE LEAN

NEW



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.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.
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Bonitas
Medical Aid for South Africa

Bonitas
Medical Aid for South Africa





HOSPITAL

2021

BONCORE

WHAT YOU PAY

MAIN MEMBER	R1 368
ADULT DEPENDANT	R1 368
CHILD DEPENDANT	R1 368

BONCORE USES A LIST OF **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY)

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN.

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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. All claims are paid at the Bonitas Rate, unless otherwise stated.

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 on the applicable network. 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 R15 310 co-payment by using a hospital on the applicable network.

PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R5 735 co-payment per admission, except for motor vehicle accidents, maternity confinements and PMB emergency treatment
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate for BonCore network specialists	Non-network specialists are covered at 70% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate for BonCore network GPs	Non-network GPs are covered at 70% of the Bonitas Rate
BLOOD TESTS	PMB only	
BLOOD TRANSFUSIONS	PMB only	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	PMB only	Pre-authorisation required
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner
CHILDBIRTH (NATURAL BIRTH)	Unlimited at the applicable hospital network	Avoid a R15 310 co-payment by using a hospital on the applicable network
	Cover for out-of-network specialists and GPs limited to R2 610 per family	Managed Care protocols apply
	Non-network specialists and GPs are covered at 70% of the Bonitas Rate	
CHILDBIRTH (C-SECTION)	Emergency approved PMB C-sections only	
NEONATAL CARE	Limited to R57 450 per family except for PMB	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply
DENTISTRY	PMB only, subject to using the DSP	Pre-authorisation required
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS SEDATION)	Managed Care protocols apply	Pre-authorisation required
	Only applicable in lieu of general anaesthetic for the in-hospital PMB dental benefits	
MENTAL HEALTH HOSPITALISATION	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R15 310 co-payment by using a hospital on the applicable network	

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

TAKE-HOME MEDICINE	Limited to a 7-day supply up to R415 per hospital stay	
PHYSICAL REHABILITATION	PMB only	Pre-authorisation required
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	PMB only	Pre-authorisation required
PALLIATIVE CARE (CANCER ONLY)	PMB only	Pre-authorisation required
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – *SEE PAGE 10*)	Unlimited for PMBs	Pre-authorisation required.
	Avoid a 30% 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
CANCER MEDICINE	PMB only	Avoid a 20% co-payment by using a DSP
	Subject to Medicine Price List and preferred product list	
ORGAN TRANSPLANTS	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP	
KIDNEY DIALYSIS	PMB only	Pre-authorisation required
	Avoid a 30% co-payment by using a DSP	
CATARACT SURGERY	PMB only	Avoid a R10 220 co-payment by using the DSP
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 11*)	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R15 310 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)	**R5 790 co-payment (Applies in addition to non-network hospital co-payment)**	
	1. Arthroscopy (When done as part of a surgical procedure)	2. Laparoscopy Hysterectomy
SURGICAL PROCEDURES THAT ARE NOT COVERED (EXCEPT FOR PMB LEVEL OF CARE)	Back and neck treatment or surgery	Joint replacement surgery
	Bunion surgery	Functional nasal surgery
	Varicose vein surgery	Investigations and diagnostic workups
	Surgery for oesophageal reflux and hiatus hernia	Oesophageal reflux and hernia repair surgery
	Non-cancerous breast conditions	Endoscopic surgery
	Nail disorders	Laparoscopic surgery except for laparoscopic sterilisation
	Knee and shoulder surgery	Skin disorders, including benign growths and lipomas
	In-hospital dental surgery	Refractive surgery
	Healthcare services for which admission to hospital is not necessary.	

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for GP consultations 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 8 for more information.

VIRTUAL GP CONSULTATIONS	Unlimited virtual GP consultations	
GP CONSULTATIONS	3 GP consultations per beneficiary (including 2 non-network GP consultations paid at the Bonitas Rate)	
SPECIALIST CONSULTATIONS	PMB only, subject to GP referral	
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
	If it is not classified as an emergency, it will be paid from the available GP consultation benefit	
ACUTE MEDICINE, OVER-THE-COUNTER MEDICINE, X-RAYS AND BLOOD TESTS	Paid from available Benefit Booster, then PMB only	Acute medicine subject to formulary
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available Benefit Booster, then PMB only	
OPTOMETRY	Paid from available Benefit Booster, then PMB only	
BASIC DENTISTRY	Paid from available Benefit Booster, then PMB only	
PHYSIOTHERAPY	Paid from available Benefit Booster, then PMB only	
MENTAL HEALTH CONSULTATIONS	PMB only	
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required

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

CHRONIC BENEFITS

BonCore covers 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 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)

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
R2 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

NEW

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.

IF YOU ARE ON	Maximum amount per beneficiary		MAXIMUM AMOUNT PER FAMILY	LEVEL 1	LEVEL 2
	ADULT	CHILD			
BonCore	R1 000	R500	R2 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 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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Bonitas
Medical Aid for South Africa

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 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

- Paid from available Benefit Booster

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Bonitas
Medical Aid for South Africa

CARE Programmes

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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.

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.

LIVE LEAN

NEW



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

MENTAL HEALTH



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

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

Bonitas
Medical Aid for South Africa

CARE Programmes

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.

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.

MATERNITY PROGRAMME



This programme offers support to expecting mothers through targeted assistance during each trimester, pregnancy education, a 24/7 maternity health advice line and more.

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.

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

Bonitas
Medical Aid for South Africa

05

INCOME-BASED PLANS

Bonitas
Medical Aid for South Africa





INCOME BASED

2027

BONCAP

WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

SUBJECT TO INCOME VERIFICATION

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R0 TO R12 400	R1 929	R1 929	R909
R12 401 TO R20 100	R2 354	R2 354	R1 083
R20 101 TO R26 200	R3 795	R3 795	R1 436
R26 201+	R4 657	R4 657	R1 767

BONCAP USES **SPECIFIC NETWORKS AND FORMULARIES** (INCLUDING GP, SPECIALIST, HOSPITAL, PATHOLOGY AND PHARMACY).

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

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OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% of the BonCap Rate. Remember to complete your required action to unlock your Benefit Booster. See page 5 for more information.

NETWORK GP CONSULTATIONS OR REGISTERED NURSE CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP or Registered Nurse consultations, using a maximum of 2 nominated BonCap network GPs	Approval is required from the 8th GP/Registered Nurse consultation per beneficiary
NON-NETWORK GP CONSULTATIONS	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R440 per visit
	30% co-payment applies, unless PMB	
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
	If it is not classified as an emergency, it will be paid from the available GP consultation benefit	
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Main member only	R2 490
	Main member + 1 dependant	R4 150
	Main member + 2 dependants	R4 970
	Main member + 3 dependants	R5 430
	Main member + 4 or more dependants	R6 020
	Subject to the applicable formularies, pharmacy and pathology networks	For acute medicine and blood tests: 20% co-payment applies at non-DSP
NETWORK SPECIALIST CONSULTATIONS (THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIs AND CT SCANS)	Maximum of 3 visits limited to R4 220 per beneficiary	Maximum of 5 visits limited to R6 270 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
NON-NETWORK SPECIALIST CONSULTATIONS	PMB only	
MATERNITY CARE (*ALSO SEE CARE PROGRAMMES PAGE 7*)	Antenatal consultations are subject to the GP consultation and specialist consultation benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
OVER-THE-COUNTER MEDICINE	Limited to R125 per event	Maximum of R350 per beneficiary, per year
	Subject to the BonCap medicine formulary and Bonitas pharmacy network	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R7 660 per family	Subject to Managed Care protocols
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, 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

OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)		
EYE TESTS	1 composite 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 lenses at network rates		R230 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network
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	R303 per beneficiary at a network provider	**OR**	R227 per beneficiary at a non-network provider
CONTACT LENSES	R1 375 per beneficiary		
BASIC DENTISTRY	You must use a provider on the DENIS network		Covered at the Bonitas Dental Tariff
	Managed Care protocols apply		
CONSULTATIONS	1 consultation per beneficiary		
EMERGENCY CONSULTATION	1 emergency consultation for sepsis per beneficiary		
X-RAYS: INTRA-ORAL	4 X-rays per beneficiary		
X-RAYS: EXTRA-ORAL	PMB only		
SCALING AND POLISHING	1 scaling and polishing per beneficiary	**OR**	1 polish per beneficiary
FLUORIDE TREATMENTS	1 treatment for beneficiaries from age 5 and younger than 16 years		
FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16 years		
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only		Managed Care protocols apply
EMERGENCY ROOT CANAL THERAPY	For emergency treatment only, limited to pulp removal (wisdom teeth excluded)		Subject to DENIS treatment protocols
EXTRACTIONS	Subject to DENIS treatment protocols		Impacted teeth excluded
DENTAL FILLINGS	2 fillings per beneficiary		Benefit for fillings is granted once per tooth, every 3 years
	Benefit for re-treatment of a tooth is subject to Managed Care protocols		
MAXILLO-FACIAL SURGERY IN DENTAL CHAIR	PMB only		Pre-authorisation from DENIS required
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive conservative dental treatment		Pre-authorisation from DENIS required
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only		Pre-authorisation from DENIS required
	Avoid a 30% co-payment by using a hospital on the applicable network		

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BENEFIT BOOSTER

NEW

GET UP TO
R1 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 action 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.

IF YOU ARE ON	Maximum amount per beneficiary		MAXIMUM AMOUNT PER FAMILY	LEVEL 1
	ADULT	CHILD		
BonCap	R500	R250	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 required action. 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

Bonitas
Medical Aid for South Africa

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.

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.

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.

LIVE LEAN

NEW



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

MENTAL HEALTH



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

CARE Programmes

PRE-DIABETIC LIFESTYLE MANAGEMENT



This programme offers structured support on nutrition, physical activity and healthy behaviour to help lower blood sugar levels and reduce the risk of type 2 diabetes.

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.

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.

MATERNITY PROGRAMME



This programme offers support to expecting mothers through targeted assistance during each trimester, pregnancy education, a 24/7 maternity health advice line and more.

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.

Bonitas
Medical Aid for South Africa

ADDITIONAL BENEFITS

We believe in giving you more value. The following benefits are in addition to your day-to-day and other benefits.

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	
CHILDHOOD IMMUNISATIONS UP TO AGE 12	According to the Expanded Programme on Immunisation in South Africa	
MILESTONE REMINDERS	For children under 3 years	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram and ultrasound 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
	2 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 (one course per lifetime)	3 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 (one course per lifetime)
MEN'S HEALTH	1 prostate screening antigen test for men between ages 55 and 69	
ELDERLY HEALTH	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 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
CONTRACEPTIVES (FOR WOMEN AGED UP TO 55)	R1 380 per family	You must use the DSP for pharmacy-dispensed contraceptives
	If you choose not to use a DSP, a 40% co-payment applies	
WELLNESS SCREENING	1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy or a Bonitas wellness day	Wellness screening includes the following tests: • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
	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 NEW	
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the BonCap Rate	Subject to authorisation

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CHRONIC BENEFITS

BonCap ensures that you are covered for 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 BonCap formulary, you will have to pay a 30% co-payment.

Subject to nomination of a network GP for management of chronic conditions.

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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IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorisation for your hospital admission. You will have to pay a 30% co-payment if you use a non-network hospital (except for emergencies) or if you do not get pre-authorisation within 48 hours of admission. Managed Care protocols apply.

GP CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap Rate
BLOOD TESTS AND OTHER LABORATORY TESTS	R33 780 per family except for PMB	
BLOOD TRANSFUSIONS	R24 540 per family except for PMB	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the BonCap Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R14 820 per family	Pre-authorisation required
	R1 280 co-payment per scan event, except for PMB	
CATARACT SURGERY	You must use a DSP or a R10 220 co-payment will apply	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	PMB only at the DSP	Managed Care protocols apply
	Pre-authorisation required	
MENTAL HEALTH HOSPITALISATION (*ALSO SEE CARE PROGRAMMES PAGE 6*)	PMB only	No cover for physiotherapy for mental health admissions
	You must use a DSP or a 30% co-payment will apply	
NEONATAL CARE	Limited to R60 260 per family, except for PMB	Subject to pre-authorisation and the use of a DSP, networks and Managed Care protocols
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R490 per hospital stay	
PHYSICAL REHABILITATION	R65 870 per family	Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R18 250 per family	Pre-authorisation required
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Pre-authorisation required
	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CANCER TREATMENT (*ALSO SEE CARE PROGRAMMES PAGE 6*)	PMB only at a DSP or a 30% co-payment applies	Pre-authorisation required
CANCER MEDICINE	Subject to the preferred product list and PMB	You must use a DSP or a 20% co-payment will apply
ORGAN TRANSPLANTS	PMB only at a DSP	Pre-authorisation required
KIDNEY DIALYSIS	Unlimited (subject to Managed Care protocols)	You must use a DSP or a 20% co-payment will apply
	Pre-authorisation required	
HIV/AIDS (*ALSO SEE CARE PROGRAMMES PAGE 7*)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a 30% co-payment will apply	

SURGICAL PROCEDURES THAT ARE NOT COVERED (EXCEPT FOR PMB LEVEL OF CARE)	Back and neck surgery	Joint replacement surgery
	Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery
	Varicose vein surgery	Hernia repair surgery
	Laparoscopic or keyhole surgery	Gastroscopies, colonoscopies and all other endoscopies
	Bunion surgery	In-hospital dental surgery

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B. VALUE AND WELLBEING

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

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

B.Well

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

FINANCIAL

B.Savvy

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

VOUCHERS

B.Valued

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

INSIGHT

B.Informed

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

GET SUPPORT

- 076 172 3151
- Bonitas Medical Fund
- @BonitasMedical
- www.bonitas.co.za
- bonitas.co.za/members
- Bonitas Member App

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za.
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