



BONCOMPREHENSIVE BONCOMPLETE




SAVINGS



Bonitas
Medical Aid for South Africa

WHAT YOU PAY




BONCOMPREHENSIVE

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R8 217	R8 990
 ADULT DEPENDANT	R7 749	R8 478
 CHILD DEPENDANT	R1 672	R1 830

BONCOMPREHENSIVE PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONCOMPLETE

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R4 570	R4 890
 ADULT DEPENDANT	R3 660	R3 916
 CHILD DEPENDANT	R1 241	R1 328

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

SAVINGS
SELF-PAYMENT GAP
THRESHOLD LEVEL
ABOVE THRESHOLD BENEFIT

BONCOMPREHENSIVE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R19 914	R18 774	R4 050
R4 650	R3 860	R1 760
R24 564	R22 634	R5 810
UNLIMITED		

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.

BONCOMPLETE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R8 640	R6 918	R2 349
R2 020	R1 710	R440
R10 660	R8 628	R2 789
R5 360	R3 150	R1 370

OUT-OF-HOSPITAL

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI's AND CT SCANS (SPECIALISED RADIOLOGY)
ACUTE MEDICINE

BONCOMPREHENSIVE

Paid from available savings and/or above threshold benefit	
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	
Paid from available savings and/or above threshold benefit	
R34 340 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
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 R15 930 per family combined with over-the-counter medicine

BONCOMPLETE

Paid from available savings and/or above threshold benefit	
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	
Paid from available savings and/or above threshold benefit	
R27 160 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
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	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIKINETICS
MENTAL HEALTH CONSULTATIONS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (FOR TYPE 1 DIABETES & UNDER 18s)
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES
CONTACT LENSES
HEARING AIDS

BONCOMPREHENSIVE			
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 R15 930 per family combined with acute medicine	
Paid from available savings and/or above threshold benefit		A 20% co-payment applies when paid from above threshold benefit	
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R18 130 per family	
Paid from available savings		Subject to frequency limits as per Managed Care protocols	
Recommend use of preferred supplier			
R51 010 per family every 5 years		Consumables limited to R25 740 per family	
Limited to one device per family per year			
Paid from available savings and/or above threshold benefit, limited to R3 675 per beneficiary, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
1 consultation per beneficiary, at a network provider		OR	R365 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider			
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
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)			
R30 000 per family, once every 5 years (based on the date of your previous claim)		10% co-payment applies	

BONCOMPLETE			
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			
Paid from available savings and/or above threshold benefit		A 20% co-payment applies when paid from above threshold benefit	
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R18 130 per family	
Paid from available savings and/or above threshold benefit		Subject to frequency limits and Managed Care protocols	
Recommend use of preferred supplier			
R51 010 per family every 5 years		Consumables limited to R25 740 per family	
Limited to one device per family per year			
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
1 composite consultation per beneficiary, at a network provider		OR	R365 per beneficiary for an eye examination, at a non-network provider
100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider			
100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider			
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R900 per beneficiary			
R2 210 per beneficiary			
Paid from available savings and/or above threshold benefit		Available once every 5 years (based on the date of your previous claim)	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS
IMPLANTS AND ASSOCIATED LABORATORY COSTS

BONCOMPREHENSIVE	
Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
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
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 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	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
Covered at the Bonitas Dental Tariff	
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
3 crowns 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
2 implants per beneficiary, every 5 years	Cost of implant components limited to R3 180 per implant

BONCOMPLETE	
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
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
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 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	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
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
No benefit	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

PERIODONTICS

BONCOMPREHENSIVE	
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
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	

BONCOMPLETE	
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 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
Managed Care protocols apply	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
Pre-authorisation required	

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

Managed Care protocols apply	
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	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

Managed Care protocols apply	
A co-payment of R3 500 per hospital admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
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
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R16 100** per beneficiary and **R32 060** per family on the applicable medicine formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

You must get your medicine from the Bonitas Pharmacy Network. 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

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)

& BONCOMPLETE

BonComplete offers cover for **31** chronic conditions, using the applicable medicine formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

Pre-authorisation is required.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

BONCOMPREHENSIVE

R2 730

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

BONCOMPLETE

R1 880

MATERNITY CARE

BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 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 a lactation specialist)
- Private ward after delivery - up to 3 days

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 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 a lactation specialist)

MATERNITY PROGRAMME

Register for the maternity programme and get:

- Access to a 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

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives (BonComplete only)
- If you choose not to use a Designated Service Provider, a 40% co-payment applies (BonComplete only)

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 according to Expanded Programme on Immunisation in South Africa up to the age of 12

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

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 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
- Covid-19 vaccines and boosters as directed by the National Department of Health

NEW

- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 human papillomavirus (HPV) vaccines for girls between ages 9 and 14

AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT



You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

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

MENTAL WELLNESS



BONCOMPREHENSIVE ONLY

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HIV/AIDS



- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

HIP AND KNEE REPLACEMENT



- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks

HOSPITAL-AT-HOME



- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

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.

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI_s AND CT SCANS (SPECIALISED RADIOLOGY)
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

BONCOMPREHENSIVE	
Unlimited, covered at 150% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R34 340 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
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

BONCOMPLETE	
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R27 160 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

INTERNAL AND EXTERNAL PROSTHESES
INTERNAL NERVE STIMULATORS
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)
COCHLEAR IMPLANTS
CATARACT SURGERY
REFRACTIVE SURGERY
SPINAL SURGERY
HIP AND KNEE REPLACEMENTS
MENTAL HEALTH HOSPITALISATION
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)

BONCOMPREHENSIVE	
R60 380 for internal prosthesis per family	
R60 380 for external prosthesis per family	Sublimit of R5 760 per breast prosthesis (limited to 2 per year)
R181 400 per family	
R255 700 per beneficiary	
R304 300 per family	
Avoid a R6 620 co-payment by using a Designated Service Provider	
R22 760 per family	Pre-authorisation required
Subject to an assessment and/or conservative treatment by the Designated Service Provider	
Avoid a R33 100 co-payment by using the Designated Service Provider	
R53 480 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R595 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

BONCOMPLETE	
R51 440 per family	Managed Care protocols apply
Sublimit of R6 120 per breast prosthesis (limited to 2 per year)	
No benefit	
No benefit	
No benefit	
Avoid a R6 620 co-payment by using a Designated Service Provider	
No benefit	
Subject to an assessment and/or conservative treatment by the Designated Service Provider	
Avoid a R33 100 co-payment by using the Designated Service Provider	
R36 760 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R480 per hospital stay	
R57 730 per family	
R19 250 per family	Managed Care protocols apply
Unlimited, subject to 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. Benefits are subject to approval by the Council for Medical Schemes.

CANCER TREATMENT
CANCER MEDICINE
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONCOMPREHENSIVE	
Unlimited for PMBs	Avoid a 30% co-payment by using a Designated Service Provider
R400 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.	
Sublimit of R54 160 per beneficiary for Brachytherapy	R260 600 of this can be used for specialised drugs (including biological drugs)
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
R220 800 per family	
Unlimited	Sublimit of R34 520 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	
Avoid a R2 430 co-payment by using a network day hospital	

BONCOMPLETE	
Unlimited for PMBs	Avoid a 30% co-payment by using a Designated Service Provider
R250 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.	
Sublimit of R54 160 per beneficiary for Brachytherapy	Managed Care protocols apply
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

BONCLASSIC




SAVINGS



Bonitas

Medical Aid for South Africa

WHAT YOU PAY

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R5 677	R6 143
 ADULT DEPENDANT	R4 874	R5 273
 CHILD DEPENDANT	R1 401	R1 516

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

BASIC DENTISTRY	R5 457 per family	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 2 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	
SPECIALISED DENTISTRY	R6 570 per family, per year	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
	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	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 500 per hospital admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition	General anaesthetic is only 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**INHALATION SEDATION IN DENTAL ROOMS
(LAUGHING GAS)**

**MODERATE/DEEP SEDATION IN DENTAL
ROOMS (IV CONSCIOUS SEDATION)**

Managed Care protocols apply

Limited to extensive dental treatment

Managed Care protocols apply

Pre-authorisation required

CHRONIC BENEFITS

BonClassic offers cover for the **47** chronic conditions listed below, limited to **R13 190** 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 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a 40% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct, you will have to pay a 40% 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

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

35.	Gastro-Oesophageal Reflux Disease (GORD)
36.	Generalised Anxiety Disorder
37.	Gout
38.	Obsessive Compulsive Disorder
39.	Osteoporosis
40.	Paget's Disease
41.	Panic Disorder

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

BONCLASSIC
R1 880

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 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 a lactation specialist)

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

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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 according to Expanded Programme on Immunisation in South Africa up to the age of 12

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 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
- Covid-19 vaccines and boosters as directed by the National Department of Health

NEW

- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 human papillomavirus (HPV) vaccines for girls between ages 9 and 14

AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT



You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

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

MENTAL WELLNESS



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

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)	R33 740 per family, in and out-of-hospital	Pre-authorisation required
	R2 500 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
	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIKINETICS	R63 540 per family, unless PMB	Managed Care protocols apply
	Sublimit of R6 120 per breast prosthesis (limited to 2 per year)	
INTERNAL AND EXTERNAL PROSTHESES	Subject to an assessment and referral for spinal surgery through the Back and Neck programme	
SPINAL SURGERY	Avoid a R33 100 co-payment by using the Designated Service Provider	
HIP AND KNEE REPLACEMENTS	R323 200 per family	
COCHLEAR IMPLANTS	Avoid a R6 620 co-payment by using the Designated Service Provider	
CATARACT SURGERY	R47 010 per family	No cover for physiotherapy for mental health admissions
MENTAL HEALTH HOSPITALISATION	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R540 per hospital stay	
PHYSICAL REHABILITATION	R57 730 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R19 250 per family	Managed Care protocols apply
	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
PALLIATIVE CARE (CANCER ONLY)		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

Unlimited for PMBs	R300 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

BONSAVE BONFIT SELECT

SAVINGS






Bonitas

Medical Aid for South Africa

WHAT YOU PAY



BONSAVE

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R2 950	R3 228
 ADULT DEPENDANT	R2 284	R2 500
 CHILD DEPENDANT	R883	R966

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONFIT SELECT

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R2 230	R2 236
 ADULT DEPENDANT	R1 727	R1 674
 CHILD DEPENDANT	R669	R729

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

SAVINGS

BONSAVE

MAIN MEMBER

R9 099

ADULT DEPENDANT

R7 044

CHILD DEPENDANT

R2 724

BONFIT SELECT

MAIN MEMBER

R4 019

ADULT DEPENDANT

R3 036

CHILD DEPENDANT

R1 282

GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

ADDITIONAL GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

SPECIALIST CONSULTATIONS

BLOOD AND OTHER LABORATORY TESTS

X-RAYS AND ULTRASOUNDS

ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE

HOMEOPATHIC MEDICINE

ALLIED MEDICAL PROFESSIONALS
(SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)

PHYSIOTHERAPY, PODIATRY AND BIKINETICS

OPTOMETRY

EYE TESTS

SINGLE VISION LENSES (CLEAR) OR

BIFOCAL LENSES (CLEAR) OR

BONSAVE

Paid from available savings

If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate

Paid from available savings | You must get a referral from your GP

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

1 consultation per beneficiary, at a network provider **OR** R365 per beneficiary for an eye examination, at a non-network provider

100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider

100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider

BONFIT SELECT

Paid from available savings

If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate

Paid from available savings | You must get a referral from your GP

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

1 consultation per beneficiary, at a network provider **OR** R365 per beneficiary for an eye examination, at a non-network provider

100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider

100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MULTIFOCAL LENSES
FRAMES
CONTACT LENSES
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
EXTERNAL PROSTHESES

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
--

MENTAL HEALTH CONSULTATIONS

BASIC DENTISTRY CONSULTATIONS
--

PREVENTATIVE CARE

SPECIALISED DENTISTRY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)
--

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

BONSAVE	
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Recommend use of preferred supplier	
Paid from available savings	
R27 160 per family, in and out-of-hospital	Pre-authorization required
R1 660 co-payment per scan event except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R18 130 per family
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
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	
No benefit	
For the removal of impacted teeth only	Managed Care protocols apply
Covered at the Bonitas Dental Tariff	
A co-payment of R5 000 per admission applies for the removal of impacted teeth only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorization required
Managed Care protocols apply	
Limited to extensive conservative dental treatment only	Managed Care protocols apply
Pre-authorization required	

BONFIT SELECT	
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Recommend use of preferred supplier	
PMB only	
Paid from available savings	Pre-authorization required
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	PMB consultations only
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
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	
No benefit	
No benefit	
No benefit	
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorization required
No benefit	
PMB only	
Pre-authorization required	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

BonSave and BonFit Select ensure that you are covered for the **27** Prescribed Minimum Benefits listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Pre-authorisation is required.

BONSAVE

& BONFIT 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

BONSAVE & BONFIT SELECT R1 310

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 360 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 a lactation specialist)

BONFIT SELECT

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

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

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 760 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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 according to Expanded Programme on Immunisation in South Africa up to the age of 12

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

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT



You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

MANAGED CARE BENEFITS

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

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

HIV/AIDS



- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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

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

BONSAVE	
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R27 160 per family, in and out-of-hospital	Pre-authorisation required
R1 660 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
R36 660 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply
R36 760 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R445 per hospital stay	
R57 730 per family	
R19 250 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

BONFIT SELECT	
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R18 340 per family	Pre-authorisation required
R1 660 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
PMB only	Managed Care protocols apply
R36 760 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R445 per hospital stay	
R57 730 per family	
R19 250 per family	Managed Care protocols apply
Unlimited, subject to 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. Benefits are subject to approval by the Council for Medical Schemes.

CANCER TREATMENT

CANCER MEDICINE

ORGAN TRANSPLANTS

KIDNEY DIALYSIS

HIV/AIDS

DAY SURGERY PROCEDURES

(APPLIES TO SELECTED PROCEDURES)

PROCEDURE CO-PAYMENTS

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

BONSAVE

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

R1 730 co-payment	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

BONFIT SELECT

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	PMB only for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

STANDARD STANDARD SELECT

TRADITIONAL






Bonitas

Medical Aid for South Africa

WHAT YOU PAY




STANDARD

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R4 230	R4 543
 ADULT DEPENDANT	R3 667	R3 938
 CHILD DEPENDANT	R1 241	R1 333

STANDARD PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

STANDARD SELECT

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R3 822	R4 105
 ADULT DEPENDANT	R3 307	R3 552
 CHILD DEPENDANT	R1 119	R1 202

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

OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD

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.

R12 000
R18 000
R20 000
R22 000

STANDARD SELECT

DAY-TO-DAY BENEFITS

R12 000
R18 000
R20 000
R22 000

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

STANDARD & STANDARD SELECT

GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP. (Including virtual care consultations) On Standard Select: <ul style="list-style-type: none"> You must nominate 2 GPs on our network for each beneficiary for the year 2 non-nominated network GP visits allowed per family per year Consultations with non-network GPs are limited to PMBs only 	<ul style="list-style-type: none"> 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 R800 per beneficiary and R2 500 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).
R3 000	R3 000	R3 000	R3 000
R4 500	R4 500	R4 500	R4 500
R5 000	R5 000	R5 000	R5 000
R6 000	R6 000	R6 000	R6 000

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
HEARING AIDS

Subject to the available overall day-to-day limit	R7 630 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols
Subject to frequency limits as per Managed Care protocols	Recommend use of the preferred supplier
R8 930 per family, once every 5 years (based on the date of your previous claim)	20% co-payment applies
Once family limit is reached the balance is subject to the available overall day-to-day limit	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (FOR TYPE 1 DIABETES & UNDER 18s)
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL

STANDARD

R30 370 per family, in and out-of-hospital	Pre-authorisation required		
R1 660 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R18 130 per family		
R51 010 per family every 5 years	Consumables limited to R25 740 per family		
Limited to one device per family per year			
R7 035 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 composite consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R1 340 per beneficiary at a network provider	OR	R1 005 per beneficiary at a non-network provider	
R2 060 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
1 per beneficiary, every 3 years			

STANDARD SELECT

R30 370 per family, in and out-of-hospital	Pre-authorisation required		
R1 660 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R18 130 per family		
R51 010 per family every 5 years	Consumables limited to R25 740 per family		
Limited to one device per family per year			
R7 035 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 composite consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R1 340 per beneficiary at a network provider	OR	R1 005 per beneficiary at a non-network provider	
R2 060 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
1 per beneficiary, every 3 years			

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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

PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

STANDARD

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	
Benefit for fillings is granted once per tooth, every 2 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	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Covered at the Bonitas Dental Tariff	
1 partial frame (an upper or lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
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
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

STANDARD SELECT

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	
Benefit for fillings is granted once per tooth, every 2 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	
Managed Care protocols apply	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Covered at the Bonitas Dental Tariff	
1 partial frame (an upper or lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorisation required	
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
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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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

STANDARD

STANDARD SELECT

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	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY					
SURGERY IN THE DENTAL CHAIR		Managed Care protocols apply		Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)		A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	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	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	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

STANDARD

Standard offers cover for the **45** chronic conditions listed below, limited to **R11 180** per beneficiary and **R22 440** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a 40% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

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.	Acne
29.	Allergic Rhinitis
30.	Ankylosing Spondylitis
31.	Attention Deficit Disorder (in children aged 5-18)
32.	Barrett's Oesophagus
33.	Behcet's Disease

34.	Dermatitis
35.	Depression
36.	Eczema
37.	Gastro-Oesophageal Reflux Disease (GORD)
38.	Generalised Anxiety Disorder
39.	Gout

40.	Narcolepsy
41.	Obsessive Compulsive Disorder
42.	Panic Disorder
43.	Post-Traumatic Stress Disorder
44.	Tourette's Syndrome
45.	Zollinger-Ellison Syndrome

& STANDARD SELECT

Standard Select offers cover for the **45** chronic conditions listed below, limited to **R11 180** per beneficiary and **R22 440** per family on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

STANDARD & STANDARD SELECT R2 000

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 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 a lactation specialist)

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

WELLNESS BENEFIT

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES

- R1 830 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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 consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

NEW

- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 human papillomavirus (HPV) vaccines for girls between ages 9 and 14

AFRICA BENEFIT

- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

MANAGED CARE BENEFITS

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

MENTAL WELLNESS



- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

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 Standard Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

	STANDARD		STANDARD SELECT	
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	
MRI^s AND CT SCANS (SPECIALISED RADIOLOGY)	R30 370 per family, in and out-of-hospital	Pre-authorisation required	R30 370 per family, in and out-of-hospital	Pre-authorisation required
	R1 660 co-payment per scan event except for PMB		R1 660 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	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	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R51 440 per family	Managed Care protocols apply	R51 440 per family	Managed Care protocols apply
	Sublimit of R6 120 per breast prosthesis (limited to 2 per year)		Sublimit of R6 120 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY	Subject to an assessment and/or conservative treatment by the Designated Service Provider		Subject to an assessment and/or conservative treatment by the Designated Service Provider	
HIP AND KNEE REPLACEMENTS	Avoid a R33 100 co-payment by using the Designated Service Provider		Avoid a R33 100 co-payment by using the Designated Service Provider	
INTERNAL NERVE STIMULATORS	R192 600 per family		R192 600 per family	
COCHLEAR IMPLANTS	PMB only		PMB only	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

STANDARD

CATARACT SURGERY
MENTAL HEALTH HOSPITALISATION
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

Avoid a R6 620 co-payment by using the Designated Service Provider	
R46 320 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R540 per hospital stay	
R57 730 per family	
R19 250 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	R250 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

STANDARD SELECT

Avoid a R6 620 co-payment by using the Designated Service Provider	
R46 320 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hospital on the applicable network	
Limited to a 7-day supply up to R540 per hospital stay	
R57 730 per family	
R19 250 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	R250 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R36 660 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

PRIMARY PRIMARY SELECT

TRADITIONAL






Bonitas

Medical Aid for South Africa

WHAT YOU PAY




PRIMARY

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 654	R2 792
 ADULT DEPENDANT	R2 076	R2 184
 CHILD DEPENDANT	R844	R888

PRIMARY PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

PRIMARY SELECT

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 322	R2 443
 ADULT DEPENDANT	R1 816	R1 910
 CHILD DEPENDANT	R738	R776

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

OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

OVERALL DAY-TO-DAY LIMIT

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS

PRIMARY

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.

R5 000
R8 000
R10 000
R11 000

PRIMARY SELECT

DAY-TO-DAY BENEFITS

R5 000
R8 000
R10 000
R11 000

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 OR MORE DEPENDANTS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

PRIMARY & PRIMARY SELECT

GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP. (Including virtual care consultations) On Primary Select: <ul style="list-style-type: none"> You must nominate 2 GPs on our network for each beneficiary for the year 2 non-nominated network GP visits allowed per family per year Consultations with non-network GPs are limited to PMBs only 	<ul style="list-style-type: none"> 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 R500 per beneficiary and R2 000 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).
R2 000	R1 500	R2 000	R2 000
R3 500	R2 500	R2 500	R2 500
R4 500	R3 000	R3 000	R3 000
R4 500	R3 000	R3 000	R3 000
Subject to the available overall day-to-day limit		Recommend use of the preferred supplier	
Subject to frequency limits as per Managed Care protocols		R7 340 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES
FRAMES (AND/OR LENS ENHANCEMENTS)
CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS

PRIMARY			
R14 240 per family, in and out-of-hospital	Pre-authorisation required		
R2 000 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R10 920 per family		
R5 421 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R550 per beneficiary at a network provider	OR	R413 per beneficiary at a non-network provider	
R1 360 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
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		
Fluoride treatments are only covered for children from age 5 and younger than 16 years			
Benefit for fillings is granted once per tooth, every 2 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			
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars		

PRIMARY SELECT			
R14 240 per family, in and out-of-hospital	Pre-authorisation required		
R2 000 co-payment per scan event except for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R10 920 per family		
R5 421 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses
1 consultation per beneficiary, at a network provider	OR	R365 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of lenses at network rates	R215 per lens, per beneficiary, out of network		
100% towards the cost of lenses at network rates	R460 per lens, per beneficiary, out of network		
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network			
R550 per beneficiary at a network provider	OR	R413 per beneficiary at a non-network provider	
R1 360 per beneficiary (included in the family limit)			
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider		
2 annual check-ups per beneficiary (once every 6 months)			
Managed Care protocols apply			
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		
Fluoride treatments are only covered for children from age 5 and younger than 16 years			
Benefit for fillings is granted once per tooth, every 2 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			
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. Benefits are subject to approval by the Council for Medical Schemes.

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

PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS

PRIMARY

1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorisation required

PRIMARY SELECT

1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorisation required

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

Managed Care protocols apply	
------------------------------	--

Managed Care protocols apply	
------------------------------	--

HOSPITALISATION (GENERAL ANAESTHETIC)

A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	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	

A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
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	
------------------------------	--

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	

Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

CHRONIC BENEFITS

Primary and Primary Select ensures that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

PRIMARY & PRIMARY 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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

PRIMARY & PRIMARY SELECT

R1 500

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

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 a lactation specialist)

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

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

CONTRACEPTIVES



- R1 760 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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 according to Expanded Programme on Immunisation in South Africa up to the age of 12

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT



You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

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

HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

DIABETES MANAGEMENT

- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

CANCER

- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

BACK AND NECK

- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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 Primary Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

	PRIMARY		PRIMARY SELECT	
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)	R14 240 per family, in and out-of-hospital	Pre-authorisation required	R14 240 per family, in and out-of-hospital	Pre-authorisation required
	R2 000 co-payment per scan event except for PMB		R2 000 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R6 620 co-payment by using the Designated Service Provider		Avoid a R6 620 co-payment by using the Designated Service Provider	
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	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION	R17 010 per family	No cover for physiotherapy for mental health admissions	R17 010 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 R420 per hospital stay		Limited to a 7-day supply up to R420 per hospital stay	
PHYSICAL REHABILITATION	R54 360 per family		R54 360 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R18 130 per family	Managed Care protocols apply	R18 130 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	Unlimited, subject to 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. Benefits are subject to approval by the Council for Medical Schemes.

CANCER TREATMENT**CANCER MEDICINE****ORGAN TRANSPLANTS****KIDNEY DIALYSIS****HIV/AIDS****DAY SURGERY PROCEDURES**

(APPLIES TO SELECTED PROCEDURES)

PRIMARY

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

PRIMARY SELECT

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

R1 730 co-payment	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 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. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

BONSTART BONSTART PLUS




EDGE



Bonitas
Medical Aid for South Africa

WHAT YOU PAY



BONSTART

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R1 338	R1 338
 ADULT DEPENDANT	R1 338	R1 338
 CHILD DEPENDANT	R1 338	R 1338

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

DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONSTART PLUS

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R1 670	R1 703
 ADULT DEPENDANT	R1 587	R1 619
 CHILD DEPENDANT	R735	R750

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

OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

VIRTUAL CARE GP AND NURSE CONSULTATIONS
GP CONSULTATIONS
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)
SPECIALIST CONSULTATIONS (YOU MUST GET A REFERRAL FROM YOUR TREATING PRACTITIONER)
OPTOMETRY
BASIC DENTISTRY
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

BONSTART

Unlimited network GP and Nurse Virtual Care consultations	
You must complete the online wellness questionnaire or wellness screening to access unlimited GP consultations	Authorisation required after 6th visit
R115 co-payment per visit	2 non-network GP consultations for emergencies per family
Limited to R1 590 per family	Subject to the radiology and pathology formulary
For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use 	
Limited to R100 per event	Maximum of R490 per family, per year
Formulary and Bonitas Pharmacy Network applies	Avoid a 40% co-payment by using the Bonitas Pharmacy Network
Limited to 1 visit per family up to R1 170	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R235 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R115 co-payment
Limited to R365 at a non-network provider	
1 dental consultation per beneficiary	R115 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
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
PMB only	Recommend use of preferred supplier
Subject to frequency limits as per Managed Care protocols	

BONSTART PLUS

Unlimited network GP and Nurse Virtual Care consultations	
You must complete the online wellness questionnaire or wellness screening to access unlimited GP consultations	Authorisation required after 10th visit
R60 co-payment per visit	2 non-network GP consultations for emergencies per family
Limited to R2 970 per family	Subject to the radiology and pathology formulary
For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use 	
Limited to R155 per event	Maximum of R735 per family, per year
Formulary and Bonitas Pharmacy Network applies	Avoid a 40% co-payment by using the Bonitas Pharmacy Network
Limited to 2 visits per family up to R2 120	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R115 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R60 co-payment
Limited to R365 at a non-network provider	
1 dental consultation per beneficiary	R60 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
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
R5 890 per family	Recommend use of preferred supplier
Subject to frequency limits as per Managed Care protocols	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

PHYSIOTHERAPY
MENTAL HEALTH
HIV/AIDS

BONSTART

2 consultations per beneficiary for sport-related injuries	R115 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

BONSTART PLUS

4 consultations per beneficiary for sport-related injuries	R60 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

BonStart and BonStart Plus ensure that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

BONSTART & BONSTART PLUS

R1 000

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

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 a lactation specialist)

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

WELLNESS BENEFIT

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

CONTRACEPTIVES

- R1 140 for **BonStart** & R1 370 for **BonStart Plus** per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

CHILDCARE

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

BONSTART PLUS

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old

PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 pap smear every 3 years, for women between ages 21 and 65
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT

- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

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

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

CANCER

- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

HIV/AIDS

- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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 R11 310 co-payment by using a hospital on the applicable network.

	BONSTART		BONSTART PLUS	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 590 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 060 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R27 560 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R20 020 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)	R12 570 per family	Pre-authorisation required	R17 070 per family	Pre-authorisation required
	R2 500 co-payment per scan event except for PMB		R2 000 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
	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited at the applicable hospital network	Avoid a R11 310 co-payment by using a hospital on the applicable network	Unlimited at the applicable hospital network	Avoid a R11 310 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 R49 160 per family except for PMB		Limited to R49 160 per family except for PMB	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	R17 070 per family (no cover for joint replacement except for PMB)	
			Managed Care protocols apply	Pre-authorisation required
EXTERNAL PROSTHESES	PMB only		PMB only	
MENTAL HEALTH HOSPITALISATION	PMB only	No cover for physiotherapy for mental health admissions	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R11 310 co-payment by using a hospital on the applicable network		Avoid a R11 310 co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R415 per hospital stay		Limited to a 7-day supply up to R415 per hospital stay	
PHYSICAL REHABILITATION	R53 740 per family	Pre-authorisation required	R53 740 per family	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R15 470 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 370 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs at a Designated Service Provider	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R11 310 co-payment by using a network day hospital	

R17 930 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 370 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R11 310 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R2 710 co-payment (Applies in addition to non-network hospital co-payment)	
1. Arthroscopy (when done as part of a surgical procedure)	
2. Laparoscopic Hysterectomy	
Back and neck surgery	Joint replacement surgery
Correction of Hallux Valgus	Functional nasal surgery
Varicose vein surgery	Oesophageal reflux and hernia repair surgery
Non-cancerous breast conditions	Gastrosopies, 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	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

HOSPITAL STANDARD




HOSPITAL



Bonitas

Medical Aid for South Africa

WHAT YOU PAY

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 592	R2 722
 ADULT DEPENDANT	R2 184	R2 293
 CHILD DEPENDANT	R986	R1 035

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 WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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-authorization 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)	R28 600 per family, in and out-of-hospital	Pre-authorization required
	R2 500 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R6 620 co-payment by using the Designated Service Provider	
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, PODIATRY AND BIOKINETICS	R48 440 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply
EXTERNAL PROSTHESES	Co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions	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-authorization 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-authorization required
	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits	
MENTAL HEALTH HOSPITALISATION	R34 610 per family	No cover for physiotherapy for mental health admissions
	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. Benefits are subject to approval by the Council for Medical Schemes.

TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

Limited to a 7-day supply up to R510 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	R150 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of R34 520 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

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

R1 730 co-payment	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 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. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

Hospital Standard ensures that you are covered for the **27** Prescribed Minimum Benefits listed below on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

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 a lactation specialist)

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

WELLNESS BENEFIT



- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT



- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT



You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

MANAGED CARE BENEFITS

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

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

HIV/AIDS



- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HOSPITAL-AT-HOME



- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

BONESSENTIAL BONESSENTIAL SELECT

HOSPITAL






Bonitas

Medical Aid for South Africa

WHAT YOU PAY



BONESSENTIAL

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R2 033	R2 135
 ADULT DEPENDANT	R1 555	R1 578
 CHILD DEPENDANT	R596	R671

BONESSENTIAL PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONESSENTIAL SELECT

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R1 784	R1 873
 ADULT DEPENDANT	R1 364	R1 372
 CHILD DEPENDANT	R523	R599

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

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 BonEssential Select option you can avoid a 30% co-payment by using a hospital on the applicable network.

BONESSENTIAL

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses.

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI'S AND CT SCANS (SPECIALISED RADIOLOGY)
CATARACT SURGERY
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY AND BIOKINETICS
INTERNAL AND EXTERNAL PROSTHESES
HOSPITALISATION FOR DENTISTRY (GENERAL ANAESTHETIC)
MENTAL HEALTH HOSPITALISATION

Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R14 240 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
PMB only	Subject to referral by treating practitioner
PMB only	Subject to referral by treating practitioner
PMB only	Managed Care protocols apply
A co-payment of R5 000 per admission applies for the removal of impacted teeth only	Managed Care protocols apply
Pre-authorisation required	General anaesthetic benefit is available for the removal of impacted teeth
R34 610 per family	No cover for physiotherapy for mental health admissions

BONESSENTIAL SELECT

Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
Unlimited, covered at 100% of the Bonitas Rate	
R14 240 per family, in and out-of-hospital	Pre-authorisation required
R2 500 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
PMB only	Subject to referral by treating practitioner
PMB only	Subject to referral by treating practitioner
PMB only	Managed Care protocols apply
A co-payment of R5 000 per admission applies for the removal of impacted teeth only	Managed Care protocols apply
Pre-authorisation required	General anaesthetic benefit is available for the removal of impacted teeth
Avoid a 30% co-payment by using a hospital on the applicable network	
R34 610 per family	No cover for physiotherapy for mental health admissions
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. Benefits are subject to approval by the Council for Medical Schemes.

TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

BONESSENTIAL	
Limited to a 7-day supply up to R420 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs at a Designated Service Provider	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

BONESSENTIAL SELECT	
Limited to a 7-day supply up to R420 per hospital stay	
R54 360 per family	
R18 130 per family	Managed Care protocols apply
Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs at a Designated Service Provider	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

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

R1 730 co-payment:	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 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. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

BonEssential and BonEssential Select ensure that you are covered for the 27 Prescribed Minimum Benefits listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment.

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER



Available after completing a wellness screening or online wellness questionnaire

BONESSENTIAL & BONESSENTIAL SELECT

R1 000

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire

(All claims are paid at the Bonitas Rate)

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 a lactation specialist)

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

WELLNESS BENEFIT

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

CONTRACEPTIVES

- R1 410 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a Designated Service Provider, a 40% co-payment applies

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

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, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT

- In and out-of-hospital treatment covered at 100% of the Bonitas Rate
- Subject to authorisation

INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE BENEFITS

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

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

HIV/AIDS



- Provides you with appropriate treatment and tools to live your best life
- Offers HIV-related consultations to visit your doctor to monitor your clinical status
- Offers access to telephonic support from doctors
- Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
- Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

HOSPITAL-AT-HOME



- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App

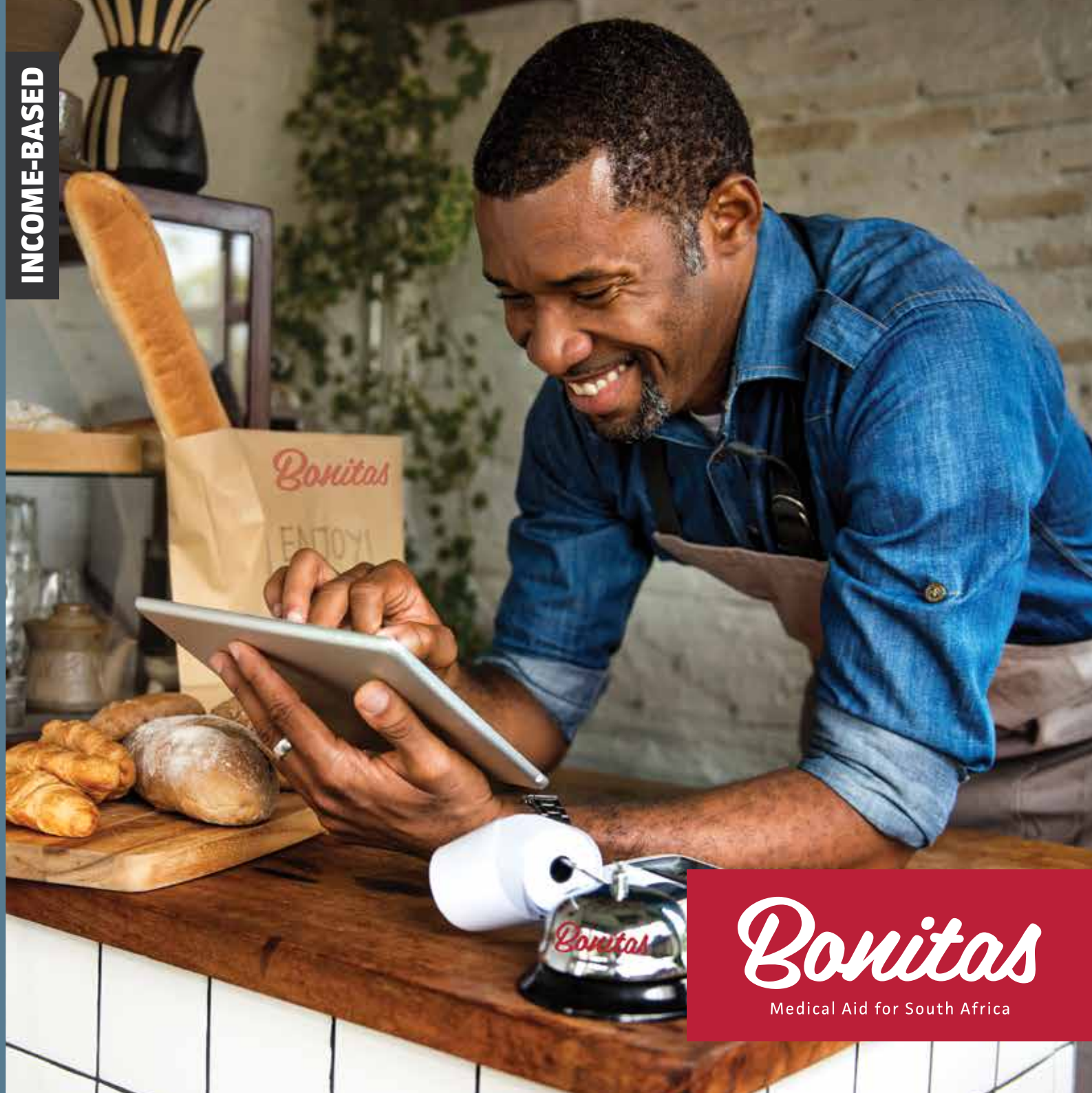


@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated.

BONCAP

INCOME-BASED



Bonitas
Medical Aid for South Africa

WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

SUBJECT TO INCOME VERIFICATION

	MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
	JAN – MAR 2023	APR – DEC 2023	JAN – MAR 2023	APR – DEC 2023	JAN – MAR 2023	APR – DEC 2023
R0 TO R10 020	R1 274	R1 368	R 1 274	R 1 368	R600	R644
R10 021 TO R16 270	R1 507	R1 619	R1 507	R1 619	R693	R744
R16 271 TO R21 160	R2 429	R2 609	R2 429	R2 609	R919	R987
R21 161+	R2 982	R3 203	R2 982	R3 203	R1 131	R1 215

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

DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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. Benefits are subject to approval by the Council for Medical Schemes.

OUT-OF-HOSPITAL BENEFITS

These benefits cover your day-to-day medical expenses at 100% of the BonCap Rate.

NETWORK GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP consultations, using a maximum of 2 nominated BonCap network GPs	Approval is required from the 8th GP consultation per beneficiary
NON-NETWORK GP CONSULTATIONS	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R380 per visit
	30% co-payment applies, unless PMB	
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Main member only	R2 060
	Main member + 1 dependant	R3 430
	Main member + 2 dependants	R4 100
	Main member + 3 dependants	R4 480
	Main member + 4 or more dependants	R4 970
	Subject to the applicable formulary and Bonitas pharmacy network	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)	Limited to 3 visits or R3 480 per beneficiary	Limited to 5 visits or R5 170 per family
	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
MATERNITY CARE	Antenatal consultations are subject to the GP consultations and specialist consultations benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
OVER-THE-COUNTER MEDICINE	Limited to R105 per event	Maximum of R295 per beneficiary, per year
	Subject to the BonCap medicine formulary, Bonitas pharmacy network and use of a network provider	
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)	R6 330 per family	Subject to frequency limits as per Managed Care protocols

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. Benefits are subject to approval by the Council for Medical Schemes.

OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)		Managed Care protocols apply
EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR	R365 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		R215 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R460 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 R860 per designer lens, per beneficiary, in and out of network		
FRAMES	R235 per beneficiary at a network provider	OR	R176 per beneficiary at a non-network provider
CONTACT LENSES	R1 195 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, per year		
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	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		
INFECTION CONTROL, INSTRUMENT STERILISATION AND LOCAL ANAESTHETIC	1 set per beneficiary, per visit		
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		Subject to DENIS treatment protocols

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. Benefits are subject to approval by the Council for Medical Schemes.

EXTRACTIONS	Subject to DENIS treatment protocols	Impacted wisdom teeth excluded
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	Once every 2 years for beneficiaries 21 years and older (based on the date of your previous claim)	Managed Care protocols apply
	20% co-payment applies	Pre-authorisation required or further 20% penalty applies
DENTAL FILLINGS	4 fillings per beneficiary	Benefit for fillings is granted once per tooth, every 2 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
	PMB only	Pre-authorisation from DENIS required
HOSPITALISATION (GENERAL ANAESTHETIC)	Avoid a 30% co-payment by using a hospital on the applicable network	

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. Benefits are subject to approval by the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

CONTRACEPTIVES		
FOR WOMEN AGED UP TO 50	R1 180 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives
	If you choose not to use a Designated Service Provider, a 40% co-payment applies	
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	
PREVENTATIVE CARE		
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65
MEN'S HEALTH	1 prostate screening antigen test for men between ages 45 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 50 and 75 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
WELLNESS BENEFITS		
WELLNESS SCREENING	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
AFRICA BENEFIT		
PER TRIP	In and out-of-hospital treatment covered at 100% of the BonCap Rate	Subject to authorisation

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. Benefits are subject to approval by the Council for Medical Schemes.

CHRONIC BENEFITS

BonCap ensures that you are covered for the **27** Prescribed Minimum Benefits listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the BonCap formulary, you will have to pay a 40% co-payment.

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

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. Benefits are subject to approval by the Council for Medical Schemes.

MANAGED CARE PROGRAMMES

These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer. You will need to register to join these programmes.

CANCER	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Uses the Bonitas Oncology Network of specialists
	Access to a social worker for you and your loved ones	Uses the Bonitas Oncology Medicine Network (30% co-payment applies for use of a non-network provider)
HIV/AIDS	Provides you with appropriate treatment and tools to live your best life	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)	Helps in finding a registered counsellor for face-to-face emotional support
MATERNITY SUPPORT (BY REGISTERING FOR THE MATERNITY PROGRAMME)	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
	Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
	Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials
HOSPITAL-AT-HOME (SUBJECT TO PRE-AUTHORISATION)	Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19	An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
	Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services	Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
	A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home	A transitional care programme to minimise re-admissions

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. Benefits are subject to approval by the Council for Medical Schemes.

IN-HOSPITAL BENEFITS

Hospitalisation is covered at 100% of the BonCap Rate at all hospitals on the applicable network. You must get pre-authorization 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-authorization 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	R27 880 per family except for PMB	
BLOOD TRANSFUSIONS	R20 250 per family except for PMB	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the BonCap Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R12 720 per family	Pre-authorization required
	R1 100 co-payment per scan event, except for PMB	
CATARACT SURGERY	You must use a Designated Service Provider or a R6 620 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
	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only at the DSP	Managed Care protocols apply
	Pre-authorization required	
INTERNAL AND EXTERNAL PROSTHESES	PMB only	No cover for physiotherapy for mental health admissions
	You must use a Designated Service Provider or a 30% co-payment will apply	
MENTAL HEALTH HOSPITALISATION	Limited to R49 730 per family, except for PMB	
NEONATAL CARE	Limited to a 7-day supply up to R420 per hospital stay	
TAKE-HOME MEDICINE	R54 360 per family	
PHYSICAL REHABILITATION		Pre-authorization 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. Benefits are subject to approval by the Council for Medical Schemes.

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R15 660 per family	Pre-authorisation required
Unlimited, subject to the DSP	Pre-authorisation required
Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
PMB only at a Designated Service Provider or a 30% co-payment applies	Pre-authorisation required
Subject to the preferred product list	You must use a Designated Service Provider or a 20% co-payment will apply
PMB only at a Designated Service Provider	Pre-authorisation required
Unlimited	You must use a Designated Service Provider or a 20% co-payment will apply
Pre-authorisation required	
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
You must use a network day hospital or a 30% co-payment will apply	
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

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. Benefits are subject to approval by the Council for Medical Schemes.

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



bonitas.co.za/member



Bonitas Member App



@BonitasMedical

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. Benefits are subject to approval by the Council for Medical Schemes. All claims are paid at the BonCap Rate, unless otherwise stated.