# **INCOME BASED**

# BONCAP





Medical Aid for South Africa



# WHAT YOU PAY

IF YOUR MONTHLY INCOME IS:

	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
SUBJECT TO INCOME VERIFICATION			
R0 TO R11 250	R1 554	R1 554	R732
R11 251 TO R18 250	R1 897	R1 897	R872
R18 251 TO R23 740	R3 058	R3 058	R1 157
R23 741+	R3 753	R3 753	R1 424

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES. SPECIAL RATES APPLY FOR FULL TIME STUDENTS WHO JOIN AS THE MAIN MEMBER.



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# **OUT-OF-HOSPITAL BENEFITS**

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

NETWORK GP CONSULTATIONS OR REGISTERED NURSE CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Unlimited GP or Registered Nurse consultations, using a nominated BonCap network GP	Approval is required from the 8th GP/Registered Nurse consultation per beneficiary
	1 out-of-network consultation per beneficiary	Maximum of 2 consultations per family, limited to R400 per visit
NON-NETWORK GP CONSULTATIONS	30% co-payment applies, unless PMB	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
	Main member only	R2 300
	Main member + 1 dependant	R3 840
GP-REFERRED ACUTE MEDICINE, X-RAYS AND	Main member + 2 dependants	R4 600
BLOOD TESTS	Main member + 3 dependants	R5 020
	Main member + 4 or more dependants	R5 570
	Subject to the applicable formularies, pharmacy and pathology networks	For acute medicine and blood tests: 20% co-payment applies at non-DSP
NETWORK SPECIALIST CONSULTATIONS	Maximum of 3 visits limited to R3 900 per beneficiary	Maximum of 5 visits limited to R5 800 per family
(THIS BENEFIT INCLUDES ACUTE MEDICINE, BLOOD TESTS, X-RAYS, MRIS AND CT SCANS)	Subject to the BonCap Specialist network and referral from a BonCap network GP	Pre-authorisation required (including MRIs and CT scans)
NON-NETWORK SPECIALIST CONSULTATIONS	PMB only	
<b>MATERNITY CARE</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	Antenatal consultations are subject to the GP consultation and specialist consultation benefits (including 2 2D scans)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
	Limited to R115 per event	Maximum of R330 per beneficiary, per year
OVER-THE-COUNTER MEDICINE	Subject to the BonCap medicine formulary and Bonitas pharmacy network	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	

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PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only		
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R7 090 per family		Subject to Managed Care protocols
OPTOMETRY	Glasses or contact lenses are available through the contracted service provider once every 2 years (based on the date of your previous claim)		If it is not classified as an emergency, it will be paid from the available GP consultation benefit
EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR	R400 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	R275 per beneficiary at a network provider	OR	R206 per beneficiary at a non-network provider
CONTACT LENSES	R1 295 per beneficiary		
BASIC DENTISTRY	You must use a provider on the DENIS network		Covered at the Bonitas Dental Tariff
	Managed Care protocols apply		
CONSULTATIONS	1 consultation per beneficiary		
EMERGENCY CONSULTATION	1 emergency consultation for sepsis per beneficiary		
X-RAYS: INTRA-ORAL	4 X-rays per beneficiary		
X-RAYS: EXTRA-ORAL	PMB only		
SCALING AND POLISHING	1 scaling and polishing OR		1 polish per beneficiary
FLUORIDE TREATMENTS	1 treatment for beneficiaries from age 5 and younger than 16 years		

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FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16 years	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Inhalation sedation limited to extensive conservative dental treatment only	Managed Care protocols apply
EMERGENCY ROOT CANAL THERAPY	For emergency treatment only, limited to pulp removal (wisdom teeth excluded)	Subject to DENIS treatment protocols
EXTRACTIONS	Subject to DENIS treatment protocols	Impacted teeth excluded
PLASTIC DENTURES AND ASSOCIATED	Once every 2 years for beneficiaries 21 years and older (based on the date of your previous claim)	Managed Care protocols apply
LABORATORY COSTS	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
DENIAL FILLINGS	Benefit for re-treatment of a tooth is subject to Managed Care protocols	
MAXILLO-FACIAL SURGERY IN DENTAL CHAIR	PMB only	Pre-authorisation from DENIS required
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive conservative dental treatment	Pre-authorisation from DENIS required
HOSPITALISATION	PMB only	Pre-authorisation from DENIS required
(GENERAL ANAESTHETIC)	Avoid a 30% co-payment by using a hospital on the applicable network	

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# **ADDITIONAL BENEFITS**

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

CHILDCARE		
HEARING SCREENING	For newborns up to 8 weeks, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old	
BABYLINE	24/7 helpline for medical advice for children under 3 years	
CHILDHOOD IMMUNISATIONS UP TO AGE 12	According to the Expanded Programme on Immunisation in South Africa	
MILESTONE REMINDERS	For children under 3 years	
ONLINE SCREENINGS	For infant and toddler health	
BE BETTER BENEFIT (Preventative care and wellness b	penefits for all life stages)	
GENERAL HEALTH	1 HIV test and counselling per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 mammogram and ultrasound every 2 years, for women over 40	1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
	2 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 (one course per lifetime)	3 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 (one course per lifetime)
MEN'S HEALTH	1 prostate screening antigen test for men between ages 55 and 69	
ELDERLY HEALTH	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 45 and 75 Subject to applicable formulary
DENTAL FISSURE SEALANTS	1 per tooth, once every 3 years for beneficiaries under 16	
CONTRACEPTIVES (FOR WOMEN AGED UP TO	R1 330 per family	You must use the DSP for pharmacy-dispensed contraceptives
50)	If you choose not to use a DSP, a 40% co-payment applies	
WELLNESS SCREENING	1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: • 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

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# **CHRONIC BENEFITS**

BonCap ensures that you are covered for the **28** chronic conditions listed below. You must use the Marara Pharmacy to get your medicine. If you choose not to use the Bonitas Chronic Medicine Courier Pharmacy Network or if you choose to use medicine that is not on the BonCap formulary, you will have to pay a 30% co-payment.

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

#### PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

#### **ADDITIONAL CONDITION COVERED**

	Depression (medication up to R160 per beneficiary, per month)
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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

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# **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.

		,
	Puts you first, offering emotional and medical support	Matches the treatment plan to your benefits to ensure you have the cover you need
CANCER	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 (20% co-payment applies for use of a non-network provider)
	Provides you with appropriate treatment and tools to live your best life	Offers 1 annual pap smear for members who had a positive cytology test
	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
HIV/AIDS	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
	Covers regular blood tests to monitor disease progression, response to therapy and	to detect possible side-effects of treatment
	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
MATERNITY SUPPORT	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
(BY REGISTERING FOR THE MATERNITY PROGRAMME)	Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials
		Weekly engagement for high-risk pregnancies
	Post-childbirth follow-up calls	Online assessments for pregnancy and mental health
PRE-DIABETIC LIFESTYLE MANAGEMENT	Health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled	1 Dietician visit every 6 months
PROGRAMME	1 Biokinetics assessment every 6 months	2 GP visits
BACK AND NECK PAIN MANAGEMENT PROGRAMME	A multidisciplinary, evidence-based programme to manage and treat back pain in 3 easy steps	A health risk assessment needs to be completed and submitted by a network GP for the programme to be enabled
	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
HOSPITAL-AT-HOME (SUBJECT TO PRE-AUTHORISATION)	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

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	Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse	Provides educational material on mental health which empowers you to manage your condition	
MENTAL HEALTH PROGRAMME	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	A digital platform designed to give members easy access to mental health information, community support and expert help	
	Your Care Manager will help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition		
	Accessible to all female members aged 18 and above	Guidance, support, and education led by women's healthcare experts	
FEMALE HEALTH	Early detection of diseases and seamless access to specialised carew	Proactive support in accessing essential healthcare services	
	Promotion of preventative healthcare strategies tailored to women's needs	Online health assessments tailored to female health concerns	
	Empowerment of women to actively manage their health		

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# **IN-HOSPITAL BENEFITS**

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

GP CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap network GPs	Non-network GPs are covered at 70% of the BonCap Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the BonCap Rate for BonCap specialists	Non-network specialists are covered at 70% of the BonCap Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	R31 230 per family except for PMB		
BLOOD TRANSFUSIONS	R22 690 per family except for PMB		
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the BonCap Rate		
MRIs AND CT SCANS	R14 250 per family	Pre-authorisation required	
(SPECIALISED RADIOLOGY)	R1 230 co-payment per scan event, except for PMB		
CATARACT SURGERY	You must use a DSP or a R7 420 co-payment will apply		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only, 30% co-payment at non-DSP	Subject to referral by the treating practitioner	
	PMB only at the DSP	Managed Care protocols apply	
INTERNAL AND EXTERNAL PROSTHESES	Pre-authorisation required		
MENTAL HEALTH HOSPITALISATION	PMB only	No cover for physiotherapy for mental health admissions	
(ALSO SEE CARE PROGRAMMES PAGE 8)	You must use a DSP or a 30% co-payment will apply		
NEONATAL CARE	Limited to R55 710 per family, except for PMB		
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R470 per hospital stay		
PHYSICAL REHABILITATION	R60 900 per family	Pre-authorisation required	

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R17 550 per family	Pre-authorisation required		
PALLIATIVE CARE	Unlimited, subject to using the DSP	Pre-authorisation required		
(CANCER ONLY)	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support			
<b>CANCER TREATMENT</b> (ALSO SEE CARE PROGRAMMES PAGE 8)	PMB only at a DSP or a 30% co-payment applies	Pre-authorisation required		
CANCER MEDICINE	Subject to the preferred product list	You must use a DSP or a 20% co-payment will apply		
ORGAN TRANSPLANTS	PMB only at a DSP	Pre-authorisation required		
KIDNEY DIALYSIS	Unlimited (subject to Managed Care protocols)	You must use a DSPor a 20% co-payment will apply		
KIDNET DIALTSIS	Pre-authorisation required			
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 8)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP		
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)				
	Back and neck surgery	Joint replacement surgery		
	Caesarean sections done for non-medical reasons	Functional nasal and sinus surgery		
SURGICAL PROCEDURES THAT ARE NOT COVERED	Varicose vein surgery	Hernia repair surgery		
	Laparoscopic or keyhole surgery	Gastroscopies, colonoscopies and all other endoscopies		
	Bunion surgery	In-hospital dental surgery		

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# **SAVINGS**

Bareitas

# BONCLASSIC





Medical Aid for South Africa



# WHAT YOU PAY

MAIN MEMBER	R7 453
ADULT DEPENDANT	R6 398
CHILD DEPENDANT	R1 840

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

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



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# **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. See page 7 for more information.

	MAIN MEMBER	ADULT D	EPENDANT	CHILD DEPENDANT	
SAVINGS	R12 636 R10 84			R3 120	
<b>GP CONSULTATIONS</b> (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings				
SPECIALIST CONSULTATIONS	Paid from available savings		You must get a referral from your GP		
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward emergency room facility of a hospital	lor	If it is not classified as an emergency, it will be paid from available savings		
NON-SURGICAL PROCEDURES	Limited to R6 590 per beneficiary		Limited to R10 710 per family		
ACUTE MEDICINE	Paid from available savings		-		
OVER-THE-COUNTER MEDICINE	Paid from available savings				
HOMEOPATHIC MEDICINE	Paid from available savings				
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Paid from available savings				
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings				
BLOOD TESTS AND X-RAYS	R4 060 per beneficiary R8 980 per family				
MRIs AND CT SCANS	R37 800 per family, in and out-of-hospital		Pre-authorisation required		
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event except for PMB				
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings         Subject to frequency limits as per Managed Care protocols		d Care protocols		
INSULIN PUMP OR CONTINUOUS GLUCOSE	R89 420 per family every 5 years		Consumables limited to R89 420 per family		
<b>MONITOR</b> (ALSO SEE CARE PROGRAMMES PAGE 10)	Limited to one device per type 1 diabetic for beneficiari	es younger tha	n 18		
	Paid from available savings		Limited to R1 200 per family every 2 years		
BLOOD PRESSURE MONITOR	Subject to registration of your chronic condition (hypertension)				
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 10)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit) Limited to R20 310 per family				
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms Pre-authorisation required				
AUDIOLOGY	R9 700 per device (maximum two devices per beneficiar) 3 years (based on the date of your previous claim)			Avoid a 25% co-payment by using a DSP	
(HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 12)	All tests and consultations limited to the Hearing Loss M Programme and use of a network provider	lanagement	Claims outside the Hearing Loss Management Programme paid from available savings		

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OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR	contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider		non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R215 per lens, per beneficiary, out of netwo	ork	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R460 per lens, per beneficiary, out of netwo	ork	
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or lin	nited	to a maximum of R860 per designer lens, per	bene	ficiary, in and out of network
FRAMES	R1 345 per beneficiary at a network provider	OR	R1 009 per beneficiary at a non-network pro	ovider	
CONTACT LENSES	R2 125 per beneficiary		·		
BASIC DENTISTRY	R6 155 per family, per year		Covered at the Bonitas Dental Tariff		
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)				
X-RAYS: INTRA-ORAL	Managed Care protocols apply				
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years	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		er 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	NS Managed Care protocols apply				
PLASTIC DENTURES AND ASSOCIATED	ED 1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years Managed Care protocols apply				
LABORATORY COSTS Pre-authorisation required					
SPECIALISED DENTISTRY	R7 410 per family, per year Covered at the Bonitas Dental Tariff				
PARTIAL CHROME COBALT FRAME DENTURES	2 partial frames (an upper and a lower) per beneficiary, once every 5 years Managed Care protocols apply				
AND ASSOCIATED LABORATORY COSTS	Pre-authorisation required				
CROWNS, BRIDGES AND ASSOCIATED	1 crown per family, per year     Benefit for crowns will be granted once per tooth, every 5 years		n, every 5 years		
LABORATORY COSTS	A treatment plan and X-rays may be requested		Pre-authorisation required		

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	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis		
ORTHODONTICS AND ASSOCIATED	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)		
LABORATORY COSTS	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	GERY 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 OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment		
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth		
	Pre-authorisation required	Managed Care protocols apply		
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply			
MODERATE/DEEP SEDATION IN DENTAL	Limited to extensive dental treatment	Managed Care protocols apply		
ROOMS (IV CONSCIOUS SEDATION)	Pre-authorisation required			

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# **CHRONIC BENEFITS**

BonClassic offers cover for the 47 chronic conditions listed below, limited to R14 780 per beneficiary and R30 550 per family on the applicable formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

#### PRESCRIBED MINIMUM BENEFITS COVERED

1.       Addison's Disease         2.       Asthma         3.       Bipolar Mood Disorder         4.       Bronchiectasis         5.       Cardiac Failure         6.       Cardiomyopathy         7.       Chronic Obstructive Pulmonary Disease         8.       Chronic Renal Disease         9.       Coronary Artery Disease		
3.       Bipolar Mood Disorder         4.       Bronchiectasis         5.       Cardiac Failure         6.       Cardiomyopathy         7.       Chronic Obstructive Pulmonary Disease         8.       Chronic Renal Disease	1.	Addison's Disease
4.       Bronchiectasis         5.       Cardiac Failure         6.       Cardiomyopathy         7.       Chronic Obstructive Pulmonary Disease         8.       Chronic Renal Disease	2.	Asthma
5.       Cardiac Failure         6.       Cardiomyopathy         7.       Chronic Obstructive Pulmonary Disease         8.       Chronic Renal Disease	3.	Bipolar Mood Disorder
6.       Cardiomyopathy         7.       Chronic Obstructive Pulmonary Disease         8.       Chronic Renal Disease	4.	Bronchiectasis
7.     Chronic Obstructive Pulmonary Disease       8.     Chronic Renal Disease	5.	Cardiac Failure
8.     Chronic Renal Disease	6.	Cardiomyopathy
	7.	Chronic Obstructive Pulmonary Disease
9 Coronary Artery Disease	8.	Chronic Renal Disease
J. Coronary Artery Disease	9.	Coronary Artery Disease

#### 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

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

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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

35. Gastro	-Oesophageal Reflux Disease (GORD)
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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. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# **Bonitas**

**GET UP TO** 

EXTRA BENEFIT

**TO PAY FOR** 

**CLAIMS** 

Ronital

# **BENEFIT BOOSTER**



#### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

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#### Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT		
BonClassic	R2 070		

#### HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day

(All claims are paid at the Bonitas Rate)

# MOTHER & CHILD CARE

# **MATERNITY CARE**

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 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)
- e R195 per month for antenatal vitamins during pregnancy
- (Paid from available savings or Benefit Booster, subject to formulary)

# CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- $\tilde{I} \bullet 2$  vision screening tests by an ophthalmologist for premature
- newborns up to 6 weeks, in or out-of-hospital



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# **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- •Online assessments for pregnancy and mental health



NEW

# **BE BETTER BENEFIT**



#### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



## **WELLNESS BENEFIT**

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

#### Wellness screening includes the following tests:

- Blood pressure

- Glucose

- Cholesterol
  - Body Mass Index
- Waist-to-hip ratio



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## **CONTRACEPTIVES**

- R2 050 per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies





#### **MENTAL HEALTH**

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

#### 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 vou 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



#### **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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

#### 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

## FEMALE HEALTH

• Accessible to all female members aged 18 and above

- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health

# HIV/AIDS

• Provides you with appropriate treatment and tools to live your best life

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- 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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

# CARE PROGRAMMES



#### 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 multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



- Screening, prevention and wellness benefits for elderly members between 65 and 85 years offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management

#### WEIGHT MANAGEMENT

NEW

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- · Covers a referral to a dietician for a consultation and a follow-up
- · Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



#### **HEARING LOSS MANAGEMENT**

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

**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	R37 800 per family, in and out-of-hospital	Pre-authorisation required		
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event except for PMB			
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner		
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner		
INTERNAL AND EXTERNAL PROSTHESES	R71 190 per family, unless PMB	Managed Care protocols apply		
INTERNAL AND EXTERNAL PROSTRESES	Sublimit of R6 860 per breast prosthesis (limited to 2 per year)			
<b>SPINAL SURGERY</b> (ALSO SEE CARE PROGRAMMES PAGE 10)	Subject to an assessment and referral for spinal surgery through the Back and Neck programme			
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 12)	Avoid a R37 080 co-payment by using the DSP			
COCHLEAR IMPLANTS	R362 100 per family			
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP			
MENTAL HEALTH HOSPITALISATION	R52 670 per family	No cover for physiotherapy for mental health admissions		
MENTAL REALTH RUSPITALISATION	Avoid a 30% co-payment by using a hospital on the applicable network			
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R605 per hospital stay			
PHYSICAL REHABILITATION	R64 680 per family			
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family	Managed Care protocols apply		

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PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CANCER TREATMENT	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP	
(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE	R336 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, o	nce limit is reached.	
PAGE 10)	Sublimit of R157 800 can be used for specialised drugs (including biological drugs)	Sublimit of R60 680 per beneficiary for Brachytherapy	
PET SCANS	1 scan per family per year	Avoid a 25% co-payment by using a provider on the network	
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	
ORGAN TRANSPLANTS	Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts	
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP	
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using a network day hospital		

# **ADDITIONAL BENEFITS**

INTERNATIONAL TRAVEL BENEFIT

AFRICA BENEFIT

	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
You must register for this benefit prior to departure	
In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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SAVINGS

# BONCOMPREHENSIVE BONCOMPLETE

2025

Bonitas



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Medical Aid for South Africa



# WHAT YOU PAY

## BONCOMPREHENSIVE

MAIN MEMBER	R11 321
ADULT DEPENDANT	R10 676
CHILD DEPENDANT	R2 306

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

# BONCOMPLETE

MAIN MEMBER	R6 040
ADULT DEPENDANT	R4 838
CHILD DEPENDANT	R1 639

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

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



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# **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.

	BONCOMPREHENSIVE			BONCOMPLETE			
	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT	
SAVINGS	R25 632	R24 168	R5 220	R10 848	R8 688	R2 940	
SELF-PAYMENT GAP	R5 210	R4 320	R1 970	R2 260	R1 910	R495	
THRESHOLD LEVEL	R30 842	R28 488	R7 190	R13 108	R10 598	R3 435	
ABOVE THRESHOLD BENEFIT	UNLIMITED			R6 010	R3 520	R1 540	

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.

	BONCOMPREH	ENSIVE		BONCOMPLETI		
<b>GP CONSULTATIONS</b> (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings and/or above threshold benefit			Paid from available savings and/or above	threshold benefit	
SPECIALIST CONSULTATIONS	Paid from available savings and/or above threshold benefit	You must get a referral from your GP		Paid from available savings and/or above threshold benefit	You must get a referral from your GP	
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit		2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit	
NON-SURGICAL PROCEDURES	Paid from available savings and/or above threshold benefit			Paid from available savings and/or above threshold benefit		
BLOOD TESTS AND OTHER LABORATORY TESTS	Paid from available savings and/or above threshold benefit			Paid from available savings and/or above	threshold benefit	
X-RAYS AND ULTRASOUNDS	Paid from available savings and/or above threshold benefit			Paid from available savings and/or above	threshold benefit	
MRIS AND CT SCANS	R38 470 per family, in and out-of-hospital	Pre-authorisation required		R30 430 per family, in and out-of-hospital	Pre-authorisation required	
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event except for PMB			R2 800 co-payment per scan event except for PMB		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# BONCOMPREHENSIVE

	Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit				
ACUTE MEDICINE	20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R17 850 per family combined with over-the-counter medicine				
OVER-THE-COUNTER MEDICINE	Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit				
OVER-THE-COUNTER MEDICINE	20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R17 850 per family combined with acute medicine				
HOMEOPATHIC MEDICINE	Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit				
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to available savings and/or above	e threshold benefit				
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings and/or above	e threshold benefit				
<b>MENTAL HEALTH CONSULTATIONS</b> (ALSO SEE CARE PROGRAMMES PAGE 11)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family				
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings	Subject to frequency limits as per Managed Care protocols				
	Paid from available savings	Limited to R1 200 per family every 2 years				
	Subject to registration of your chronic condition (hypertension)					
INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR	R89 420 per family every 5 years	ry 5 years Consumables limited to R89 420 per family				
(ALSO SEE CARE PROGRAMMES PAGE 11)	Limited to one device per type 1 diabetic	c for beneficiaries younger than 18				
AUDIOLOGY	R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a DSF				
(HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 13)	All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit				
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's Pre-authorisation required rooms					
OPTOMETRY	Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses OR contact lenses				

# 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 Formulary and Bonitas Pharmacy Network applies to above threshold benefit					
20% co-payment for non-network or nor benefit	n-formulary use in abo	ove th	reshold		
Paid from available savings and/or above threshold benefit	A 20% co-payment a from above threshol				
Subject to available savings and/or above	e threshold benefit				
Subject to available savings and/or above	e threshold benefit				
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	e mental health Limited to R20 310 per family				
Paid from available savings and/or above threshold benefit	Subject to frequency limits and Managed Care protocols				
Paid from available savings and/or above threshold benefit	Limited to R1 200 per family every 2 years				
Subject to registration of your chronic co	ndition (hypertension	n)			
R89 420 per family every 5 years	every 5 years Consumables limited to R89 420 per family				
Limited to one device per type 1 diabetic	c for beneficiaries you	inger	than 18		
R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	once every				
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from available savings and/or above threshold benefit				
Cover for a defined list of approved procedures performed in the specialist's rooms	t's Pre-authorisation required				
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				

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

	BONCOMPREH	ENSIVE		BONCOMPLETE		
EYE TESTS	1 consultation per beneficiary, at a network provider	R400 per beneficiary for an eye examination, at a non-network provider		1 consultation per beneficiary, at a network provider	R400 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider			100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, a a non-network provider		
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lenses, lin a non-network provider	nited to R460 per lens, per beneficiary, at		100% towards the cost of clear lenses, lir a non-network provider	nited to R460 per lens, per beneficiary, at	
MULTIFOCAL LENSES	100% towards the cost of base lenses at maximum of R860 per designer lens, per			100% towards the cost of base lenses at maximum of R860 per designer lens, per		
FRAMES	Paid from available savings and/or above sublimit)	threshold benefit (subject to optometry		R990 per beneficiary		
CONTACT LENSES	Paid from available savings and/or above sublimit)	threshold benefit (subject to optometry		R2 435 per beneficiary		
BASIC DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme		Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme	
	Covered at the Bonitas Dental Tariff					
CONSULTATIONS	2 annual check-ups per beneficiary (once	every 6 months)		2 annual check-ups per beneficiary (once	every 6 months)	
X-RAYS: INTRA-ORAL	Managed Care protocols apply			Managed Care protocols apply		
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years		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		2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years	
PREVENIATIVE CARE	Fluoride treatments are only covered for 16 years	children from age 5 and younger than		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		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			A treatment plan and X-rays may be required for multiple fillings		
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply		Managed Care protocols apply			
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required		1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required	
SPECIALISED DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme		Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental	
	Covered at the Bonitas Dental Tariff				Management Programme	
PARTIAL CHROME COBALT FRAME DENTURES	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply		1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply	
AND ASSOCIATED LABORATORY COSTS	SOCIATED LABORATORY COSTS Pre-authorisation required			Pre-authorisation required		
CROWNS, BRIDGES AND ASSOCIATED	3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years		1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years	
LABORATORY COSTS	A treatment plan and X-rays may be requested	Pre-authorisation required		A treatment plan and X-rays may be requested	Pre-authorisation required	

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IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years Cost of implant components limited to R3 563 per implant		No benefit		
	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Orthodontic treatment is granted on per beneficiary, per lifetime	e Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	
	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required	
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply	
	Pre-authorisation required		Pre-authorisation required		
MAXILLO-FACIAL SURGERY AND ORAL PATHOLO	DGY				
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply		Managed Care protocols apply		
<b>HOSPITALISATION</b> (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	A co-payment of R3 500 per 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 OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth	
	Pre-authorisation required		Pre-authorisation required	Managed Care protocols apply	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply		
MODERATE/DEEP SEDATION IN DENTAL	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	t Managed Care protocols apply	
ROOMS (IV CONSCIOUS SEDATION)	Pre-authorisation required		Pre-authorisation required	·	
			-		

# **ADDITIONAL BENEFITS**

INTERNATIONAL TRAVEL BENEFIT	Up to R2.5 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				
INTERNATIONAL I KAVEL BENEFIT	You must register for this benefit prior to departure				
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation			

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

#### BONCOMPREHENSIVE & BONCOMPLETE 2025

# **CHRONIC BENEFITS**

#### BONCOMPREHENSIVE

BonComprehensive offers cover for the 60 chronic conditions listed below. Your chronic medicine benefit is R18 040 per beneficiary and R35 920 per family on the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the 27 Prescribed Minimum Benefits, listed below.

#### BONCOMPLETE

BonComplete offers cover for **32** chronic conditions, using the applicable medicine formulary. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose not to use a network pharmacy or Pharmacy Direct, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment.

Pre-authorisation is required.

Pre-authorisation is required.

#### PRESCRIBED MINIMUM BENEFITS COVERED

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

&

#### ADDITIONAL 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
	51. 52. 53. 54. 55. 56. 57. 58. 59.

#### BONCOMPLETE

## 28. Acne (children up to 21 years) 29. Allergic Rhinitis (children up to 21 years)

30.	Allergic Dermatitis/Eczema (children up to 21 years)
31.	Attention Deficit Disorder (in children aged 5-18)

32. Depression (medication up to R160 per beneficiary, per month)

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# **Bouitos** Medical Aid for South Africa

# **BENEFIT BOOSTER**



#### GET UP TO R2070 EXTRA BENEFITS

#### TO PAY FOR OUT-OF-HOSPITAL CLAIMS



#### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer. ••

#### Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonComprehensive	N/A
BonComplete	R2 070

#### HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day.

(All claims are paid at the Bonitas Rate)

# MOTHER & CHILD CARE

# **MATERNITY CARE**

#### BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 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

R195 per month for antenatal vitamins during pregnancy (Paid from available savings and/or above threshold benefit, subject to formulary)

#### BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 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)
- R195 per month for antenatal vitamins during pregnancy
- (Paid from available savings and/or above threshold benefit or
   \_Benefit Booster, subject to formulary)

# CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private
- \_Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital



NEW

# **MATERNITY PROGRAMME**

#### REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health



#### BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- $\bullet$  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
- $\bullet$  1 Paediatrician or GP consultation per child between ages 1 and 2
- •1 GP consultation per child between ages 2 and 12

NEW

NEW

# **BE BETTER BENEFIT**



#### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over (BonComprehensive only)
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



## WELLNESS BENEFIT

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

#### Wellness screening includes the following tests:

- Blood pressure

- Glucose

- Cholesterol
  - Body Mass Index

••

1

- Waist-to-hip ratio



# **CONTRACEPTIVES**

- R2 050 per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies





#### **MENTAL HEALTH**

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

#### 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 vou 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



#### **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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

#### 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

### FEMALE HEALTH

• Accessible to all female members aged 18 and above

- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health

# 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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

# CARE PROGRAMMES



#### 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 multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



- Screening, prevention and wellness benefits for elderly members between 65 and 85 years offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management

#### WEIGHT MANAGEMENT

NEW

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- · Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



#### **HEARING LOSS MANAGEMENT**

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

# **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.

	BONCOMPREH	ENSIVE		BONCOMPLETE	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 150% of the Bonita	as 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 Bonita	as Rate		Unlimited, covered at 100% of the Bonita	as Rate
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonita	as Rate		Unlimited, covered at 100% of the Bonita	as Rate
MRIS AND CT SCANS	R38 470 per family, in and out-of-hospital	Pre-authorisation required		R30 430 per family, in and out-of-hospital	Pre-authorisation required
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event excep	t for PMB		R2 800 co-payment per scan event excep	t for PMB
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner		Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner		Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
	R67 640 for internal prosthesis per family	/	] [	R57 630 per family	Managed Care protocols apply
INTERNAL AND EXTERNAL PROSTHESES	R67 640 for external prosthesis per family	Sublimit of R6 450 per breast prosthesis (limited to 2 per year)		Sublimit of R6 860 per breast prosthesis (	(limited to 2 per year)
INTERNAL NERVE STIMULATORS	R203 200 per family			No benefit	
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)	R286 500 per beneficiary			No benefit	
COCHLEAR IMPLANTS	R341 000 per family			No benefit	
CATARACT SURGERY	Avoid a R7 420 co-payment by using a DSP       Avoid a R7 420 co-payment by using a DSP		P		
REFRACTIVE SURGERY	R25 500 per family	Pre-authorisation required		No benefit	

#### SPINAL SURGERY

(ALSO SEE CARE PROGRAMMES PAGE 11)

**HIP AND KNEE REPLACEMENTS** (ALSO SEE CARE PROGRAMMES PAGE 13)

**MENTAL HEALTH HOSPITALISATION** (ALSO SEE CARE PROGRAMMES PAGE 11)

**TAKE-HOME MEDICINE** PHYSICAL REHABILITATION **ALTERNATIVES TO HOSPITAL** (HOSPICE, STEP-DOWN FACILITIES) PALLIATIVE CARE (CANCER ONLY) CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME - SEE PAGE 11) PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME) **CANCER MEDICINE** NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS) **ORGAN TRANSPLANTS KIDNEY DIALYSIS** Unlimited HIV/AIDS

(ALSO SEE CARE PROGRAMMES PAGE 12)

DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

#### BONCOMPREHENSIVE

Subject to an assessment and/or conservative treatment by the  $\mathsf{DSP}$ 

Avoid a R37 080 co-payment by using the DSP

Avoid a R37 080 co-payment by using the	e DSP
R59 920 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R670 per	hospital stay
R60 900 per family	
R20 310 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R448 200 per family for non-PMBs. Paid a non-DSP, once limit is reached	at 80% at a DSP and no cover at a
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R448 200 can be used for specialised drugs (including biological drugs)
2 scans per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
R247 400 per family	
Unlimited	Sublimit of R38 670 per beneficiary for corneal grafts

Unlimited, if you register on the HIV/AIDS programme

Avoid a R2 720 co-payment by using a network day hospital

## BONCOMPLETE

Subject to an assessment and/or conser	vative treatment by the DSP
Avoid a R37 080 co-payment by using th	e DSP
R41 190 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hosp	ital on the applicable network
Limited to a 7-day supply up to R535 per	r hospital stay
R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 100 per family for non-PMBs. Paid non-DSP, once limit is reached	at 80% at a DSP and no cover at a
Sublimit of R60 680 per beneficiary for Brachytherapy	No benefit for specialised drugs unless PMB
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
Avoid a R2 720 co-payment by using a ne	etwork day hospital

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

Avoid a 20% co-payment by using a DSP

# BONSAVE BONFIT SELECT

2025

Bonitas



Medical Aid for South Africa



# WHAT YOU PAY

# BONSAVE

AIN Ember	R3 782
DULT EPENDANT	R2 859
HILD EPENDANT	R1 132

#### **BONFIT SELECT**

MAIN MEMBER	R2 524
ADULT DEPENDANT	R1 890
CHILD DEPENDANT	R849

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

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



# **OUT-OF-HOSPITAL BENEFITS**

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

• On BonFit Select: Simply complete a wellness screening or online wellness questionnaire.

• On BonSave: To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website). To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day). To activate the total amount from the get-go, simply complete a wellness screening from the start.

BONSAVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R11 352	R8 580	R3 396

# BONFIT SELECT

MAIN	ADULT	CHILD
MEMBER	DEPENDANT	DEPENDANT
R4 536	R3 396	

	BONSAVE			BONFIT SELECT	•	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings		F	Paid from available savings		
ADDITIONAL GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	If you use all your savings for the year, yo consultations (limited to 1 per beneficiar	ur family will still get a maximum of 2 GP y) paid at the Bonitas Rate		If you use all your savings for the year, your family will still get a maximum of 2 C consultations (limited to 1 per beneficiary) paid at the Bonitas Rate		
SPECIALIST CONSULTATIONS	Paid from available savings	You must get a referral from your GP	F	Paid from available savings	You must get a referral from your GP	
NON-SURGICAL PROCEDURES	Paid from available savings		F	Paid from available savings		
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6	a	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6	
	If it is not classified as an emergency, it will be paid from available savings		I	If it is not classified as an emergency, it will be paid from available savings		
BLOOD AND OTHER LABORATORY TESTS	Paid from available savings		F	Paid from available savings		
X-RAYS AND ULTRASOUNDS	Paid from available savings	Paid from available savings		Paid from available savings		
ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE	Paid from available savings		F	Paid from available savings		
HOMEOPATHIC MEDICINE	Paid from available savings		F	Paid from available savings		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND	Paid from available savings	Paid from available savings		Paid from available savings		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

OCCUPATIONAL THERAPIST)

SAVINGS

PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Paid from available savings		
OPTOMETRY	Paid from available savings		
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lense at a non-network provider	es, lim	nited to R215 per lens, per beneficiary,
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lense at a non-network provider	es, lim	nited to R460 per lens, per beneficiary,
MULTIFOCAL LENSES	100% towards the cost of base lense maximum of R860 per designer lens		
FRAMES	Paid from available savings		
CONTACT LENSES	Paid from available savings		
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings		Subject to frequency limits as per Managed Care protocols
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required
EXTERNAL PROSTHESES	Paid from available savings		
MRISAND CT SCANS	R30 430 per family, in and out-of-hospital		Pre-authorisation required
(SPECIALISED RADIOLOGY)	R1 860 co-payment per scan event e	except	t for PMB
<b>MENTAL HEALTH CONSULTATIONS</b> (ALSO SEE CARE PROGRAMMES PAGE 10)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R20 310 per family
BASIC DENTISTRY	Covered at the Bonitas Dental Tariff		Managed Care protocols apply
CONSULTATIONS	2 annual check-ups per beneficiary (	once	every 6 months)
X-RAYS: INTRA-ORAL	Paid from available savings		
X-RAYS: EXTRA-ORAL	Paid from available savings		1 per beneficiary, every 3 years
PREVENTATIVE CARE	2 annual scale and polish treatments per beneficiary (once every 6 month	s ıs)	1 fissure sealant per tooth, once every 3 years for children under 16 years
	2 annual fluoride treatments are onl younger than 16 years	ly cov	ered for children from age 5 and
FILLINGS	Paid from available savings		Benefit for fillings is granted once per tooth, every 2 years
	Benefit for re-treatment of a tooth i subject to Managed Care protocols	is	A treatment plan and X-rays may be required for multiple fillings

BONSAVE

# **BONFIT SELECT**

Paid from available savings			
1 consultation per beneficiary, at a network provider	OR	R400 per beneficiary for an eye examination, at a non-network provider	
100% towards the cost of clear lenses at a non-network provider	s, lim	ited to R215 per lens, per beneficiary	
100% towards the cost of clear lenses at a non-network provider	s, lim	ited to R460 per lens, per beneficiary	
100% towards the cost of base lenses maximum of R860 per designer lens,			
Paid from available savings			
Paid from available savings			
Paid from available savings		Subject to frequency limits as per Managed Care protocols	
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required	
PMB only			
Paid from available savings		Pre-authorisation 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 (o	nce (	every 6 months)	
Paid from available savings			
Paid from available savings		1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)		1 fissure sealant per tooth, once ever 3 years for children under 16 years	
2 annual fluoride treatments are only younger than 16 years	cove	ered for children from age 5 and	
Paid from available savings		Benefit for fillings is granted once pe tooth, every 2 years	

ROOT CANAL THERAPY AND EXTRACTIONS	Paid from available savings		Paio
	Paid from available savings	Pre-authorisation required	Paid
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)	1 se a lo 4 ye
SPECIALISED DENTISTRY	Paid from available savings	Covered at the Bonitas Dental Tariff	Paic
PARTIAL CHROME COBALT FRAME DENTURES	Paid from available savings	Pre-authorisation required	Paio
AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) p	er beneficiary, once every 5 years	2 pa
	Paid from available savings	3 crowns per family, per year	Paio
CROWNS, BRIDGES AND ASSOCIATED ABORATORY COSTS	Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required	Ber per
	A treatment plan and X-rays may be requ	ested	A ti
	Paid from available savings	Pre-authorisation required	Pai
ORTHODONTICS AND ASSOCIATED	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Pre clir ort
ABORATORY COSTS	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	Bei be (no
	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime	Be tre fro
	Paid from available savings	Pre-authorisation required	Pai
ERIODONTICS	Benefit is limited to conservative, non-su applied to members who are registered of		Bei api
	Paid from available savings	Managed Care protocols apply	
URGERY IN THE DENTAL CHAIR	For the removal of impacted teeth only		Pai
IOSPITALISATION GENERAL ANAESTHETIC)	A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network	PM
	Managed Care protocols apply	Pre-authorisation required	Ma
NHALATION SEDATION IN DENTAL ROOMS LAUGHING GAS)	Managed Care protocols apply		No
MODERATE/DEEP SEDATION IN DENTAL	Limited to extensive conservative dental treatment only	Managed Care protocols apply	PM
ROOMS (IV CONSCIOUS SEDATION)	Pre-authorisation required		Pre

Paid from available savings	Pre-authorisation required
Fait from available savings	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)
Paid from available savings	Covered at the Bonitas Dental Tariff
Paid from available savings	Pre-authorisation required
2 partial frames (an upper and a lower) p	er beneficiary, once every 5 years
Paid from available savings	3 crowns per family, per year
Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
A treatment plan and X-rays may be requ	ested
Paid from available savings	Pre-authorisation required
Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff
Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Only 1 family member may begin orthodontic treatment in a calendar year
Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime
Paid from available savings	Pre-authorisation required
Benefit is limited to conservative, non-su applied to members who are registered c	rgical therapy only and will only be n the Periodontal Programme
Paid from available savings	
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorisation required
No benefit	
PMB only	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# **CHRONIC BENEFITS**

BonSave and BonFit Select cover the 28 chronic conditions 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 30% 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

#### **ADDITIONAL CONDITION COVERED**

28. Depression (medication up to R160 per beneficiary, per month)

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

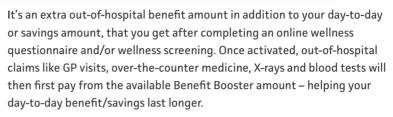


**CLAIMS** 

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# **BENEFIT BOOSTER**

#### WHAT IS THE BENEFIT BOOSTER?



#### Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT		
BonFit Select	R1 440		
IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT	
	Level 1	R1 000	
BonSave	Level 2	R4 000	
	Total	R5 000	

#### **HOW TO ACTIVATE IT**

#### **BONFIT SELECT**

Complete an online wellness questionnaire (on the Bonitas app) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

#### BONSAVE

- To activate **Level 1**, complete an online wellness guestionnaire (on the Bonitas app)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day



# MOTHER & CHILD CARE

#### MATERNITY CARE BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 530 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)
- R195 per month for antenatal vitamins during pregnancy
- ${f \hat{r}}$  (Paid from available savings or Benefit Booster, subject to formulary)

#### **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)
- R195 per month for antenatal vitamins during pregnancy
- (Paid from available savings or Benefit Booster, subject to formulary)

# CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital



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#### **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health



# **BE BETTER BENEFIT**



#### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Healt
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



## WELLNESS BENEFIT

•1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, 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 970 per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies





#### MENTAL HEALTH

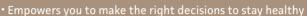
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- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

#### 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



- 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



• 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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

#### 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



#### **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

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

	BONSAVE			
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	U at		
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Boni	tas l		
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Boni	tas l		
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Boni	tas l		
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R30 430 per family, in and out-of-hospital	Pr		
(SPECIALISED RADIOLOGY)	R1 860 co-payment per scan event exce	pt f		
CATARACT SURGERY	Avoid a R7 420 co-payment by using the	e DS		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND	Subject to available savings, except for PMB	Co		
OCCUPATIONAL THERAPIST)	Subject to referral by treating practitio	ner		
PHYSIOTHERAPY, PODIATRY AND	Subject to available savings, except for PMB	Co		
BIOKINETICS	Subject to referral by treating practitioner			
INTERNAL PROSTHESES	R41 070 per family (no cover for joint replacement except for PMB)	м		
MENTAL HEALTH HOSPITALISATION	R41 190 per family	N he		
(ALSO SEE CARE PROGRAMMES PAGE 10)	Avoid a 30% co-payment by using a hospita			
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R500 pe	er ho		
PHYSICAL REHABILITATION	R64 680 per family			
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family	м		
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	In hc ps		

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 Bonit	as Rate		
Unlimited, covered at 100% of the Bonit	as Rate		
Unlimited, covered at 100% of the Bonit	as Rate		
R30 430 per family, in and out-of-hospital	Pre-authorisation required		
R1 860 co-payment per scan event excep	ot for PMB		
Avoid a R7 420 co-payment by using the	DSP		
Subject to available savings, except for PMB	Covered at the Bonitas Rate		
Subject to referral by treating practition	ier		
Subject to available savings, except for PMB	Covered at the Bonitas Rate		
Subject to referral by treating practition	ier		
R41 070 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply		
R41 190 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 R500 per hospital stay			
R64 680 per family			
R21 570 per family	Managed Care protocols apply		
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support		

#### **BONFIT 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 Bonit	as Rate			
Unlimited, covered at 100% of the Bonit	as Rate			
R20 550 per family	Pre-authorisation required			
R1 860 co-payment per scan event exce	ot for PMB			
Avoid a R7 420 co-payment by using the	DSP			
Subject to available savings, except for PMB	Covered at the Bonitas Rate			
Subject to referral by treating practitioner				
Subject to available savings, except for PMB	Covered at the Bonitas Rate			
Subject to referral by treating practitioner				
PMB only	Managed Care protocols apply			
R41 190 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 R500 per hospital stay				
R64 680 per family				
R21 570 per family	Managed Care protocols apply			
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support			

All benefits and limits are per calendar year, unless otherwise stated. All claims are paid at the BonCap Rate, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

PAGE 10)	Avoid a 30% co-payment by using a DSP	% co-payment by using a Sublimit of R Brachytherap			Avoid a 30% co-payment by DSP	/ using a	Sublimit of R60 680 per beneficiary for Brachytherapy
CANCER MEDICINE	Subject to Medicine Price List and preferred product list Avoid a 20% co-payment by usi		20% co-payment by using a DSP		Subject to Medicine Price L preferred product list	ist and	Avoid a 20% co-payment by using a DSP
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)			25% co-payment by using a on the network				Avoid a 25% co-payment by using a provider on the network
ORGAN TRANSPLANTS	Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts		]	Unlimited		PMB only for corneal grafts
KIDNEY DIALYSIS	KIDNEY DIALYSIS Unlimited Avoid a 20		20% co-payment by using a DSP		Unlimited		Avoid a 20% co-payment by using a DSP
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)	Unlimited, if you register on the Chronic m HIV/AIDS programme from DSP		medicine must be obtained	Unlimited, if you register o HIV/AIDS programme		n the	Chronic medicine must be obtained from DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using a network day		hospital Avoid a R5 440 co-paymer		it by using a network day hospital		
	R1 940 co-payment		R4 930 co-payment			R9 130 co-	payment
<b>PROCEDURE CO-PAYMENTS</b> (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	9. Myringotomy	Conservative Back Treatment Cystoscopy Facet Joint Injections Flexible Sigmoidoscopy Functional Nasal Surgery Gastroscopy Hysteroscopy (not Endometrial Ablation) Myringotomy Tonsillectomy and Adenoidectomy Umbilical Hernia Repair		<ol> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> <li>Laparoscopic Hysterectomy</li> <li>Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>		2. Lapar	oscopic Pyeloplasty oscopic Radical Prostatectomy n Fundoplication (Reflux Surgery)

R224 100 per family for non-PMBs. Paid

at 80% at a DSP and no cover at a

non-DSP, once limit is reached

**BONFIT SELECT** 

Unlimited for PMBs

R224 100 per family for non-PMBs. Paid

at 80% at a DSP and no cover at a

non-DSP once limit is reached

# **ADDITIONAL BENEFITS**

INTERNATIONAL TRAVEL BENEFIT		Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19	
INTERNATIONAL TRAVEL DENEFTT	You must register for this benefit prior to departure		
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

BONSAVE

Unlimited for PMBs

#### BONSAVE & BONFIT SELECT 2025

**CANCER TREATMENT** 

PAGE 10)

(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME - SEE

# **TRADITIONAL**

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# PRIMARY PRIMARY SELECT





Medical Aid for South Africa





## WHAT YOU PAY

#### PRIMARY

( ( W ) )	IAIN IEMBER	R3 307
	DULT EPENDANT	R2 587
	HILD EPENDANT	R1 052

#### **PRIMARY SELECT**

MAIN MEMBER	R2 946
ADULT DEPENDANT	R2 304
CHILD DEPENDANT	R936

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

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# **OUT-OF-HOSPITAL BENEFITS**

Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first (See page 7 for more information). Simply follow the steps below:

**DAY-TO-DAY BENEFITS** 

• To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website)

• To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)

• To activate the total amount from the get-go, simply complete a wellness screening from the start

#### **PRIMARY**

#### **PRIMARY SELECT**

#### **OVERALL DAY-TO-DAY LIMIT**

M M M

#### **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.

DDIMADV C DDIMADV CELECT

R5 330

R8 520 R10 650 R11 720

AIN MEMBER ONLY	R5 330
AIN MEMBER + 1 DEPENDANT	R8 520
AIN MEMBER + 2 DEPENDANTS	R10 650
AIN MEMBER + 3 OR MORE DEPENDANTS	R11 720

		PRIMARIAPR				
DAY-TO-DAY SUBLIMITS	GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES		
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.	For specialist consultations you must get a referral from your GP (including virtual care consultations). On <b>Primary Select:</b> • 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> <li>Avoid a 20% co-payment by using a Bonitas Pharmacy Network</li> <li>Avoid a 20% co-payment by using medicine that is on the formulary</li> <li>Over-the-counter medicine is limited to R565 per beneficiary and R2 240 per family</li> </ul>	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).		
MAIN MEMBER ONLY	R2 240	R1 680	R2 240	R2 240		
MAIN MEMBER + 1 DEPENDANT	R3 920	R2 800	R2 800	R2 800		
MAIN MEMBER + 2 DEPENDANTS	R5 040	R3 370	R3 370	R3 370		
MAIN MEMBER + 3 OR MORE DEPENDANTS	R5 040	R3 370	R3 370	R3 370		
	Subject to the available overall day-to-day	limit	Subject to frequency limits as per Managed Care protocols			
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols					
NON-SURGICAL PROCEDURES	Subject to the available overall day-to-day limit		Subject to the available overall day-to-day limit			

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

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

ADDITIONAL GP CONSULTATION (WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)

ADDITIONAL SPECIALIST CONSULTATION

**EMERGENCY ROOM BENEFIT** (FOR EMERGENCIES ONLY)

MRIS AND CT SCANS (SPECIALISED RADIOLOGY)

**MENTAL HEALTH CONSULTATIONS** (ALSO SEE CARE PROGRAMMES PAGE 10)

IN-ROOM PROCEDURES	Cove proce room
OPTOMETRY	Once of yo
EYE TESTS	1 cor netw
SINGLE VISION LENSES (CLEAR) OR	100% netw
BIFOCAL LENSES (CLEAR) OR	100% netw
MULTIFOCAL LENSES	100% maxi
FRAMES (AND/OR LENS ENHANCEMENTS)	R635

#### PRIMARY

1 network GP consultation per family

1 network specialist consultation per family		You must get a referral from your network GP		
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6		
If it is not classified as an emergency specialist day-to-day benefit	y, it w	ill be paid from the a	vailat	ole GP &
R15 960 per family, in and out-of-hospital		Pre-authorisation re	equir	ed
R2 240 co-payment per scan event e	except	t for PMB		
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R12 230 per family		
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required		
Once every 2 years (based on the da of your previous claim)			OR	contact lenses
1 consultation per beneficiary, at a network provider		R400 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				
R635 per beneficiary at a network provider OR		R476 per beneficiar non-network provid		3
R1 475 per beneficiary				

### **PRIMARY SELECT**

1 network GP consultation per family

		You must get a referral from your network GP		
at a casualty ward or emergency room		2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6		
If it is not classified as an emergenc specialist day-to-day benefit	y, it w	ill be paid from the a	vailal	ole GP &
R15 960 per family, in and out-of-hospital		Pre-authorisation required		
R2 240 co-payment per scan event	ехсер	t for PMB		
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R12 230 per family		
Cover for a defined list of approved procedures performed in the specialist's rooms		Pre-authorisation required		
Once every 2 years (based on the da of your previous claim)	Once every 2 years (based on the date of your previous claim)		OR	contact lenses
1 consultation per beneficiary, at a network provider OR		R400 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 lense maximum of R860 per designer lens				
R635 per beneficiary at a or		R476 per beneficiar non-network provid		3
R1 475 per beneficiary				

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

**CONTACT LENSES** 

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

, ,								
BASIC DENTISTRY	Covered at 75% of the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a DSP	Covered at 79 Tariff	5% of the Bonitas Dental	Subject to the Bonitas Dental Management Programme and a DSP			
CONSULTATIONS	2 annual check-ups per beneficiary (once	2 annual check-ups per beneficiary (once every 6 months)			every 6 months)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply	Managed Care protocols apply 1 per beneficiary, every 3 years			Managed Care protocols apply 1 per beneficiary, every 3 years			
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		le and polish treatments ary (once every 6 months)	Fissure sealants are only covered for children under 16 years			
	Fluoride treatments are only covered for 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			Benefit for re-treatment of a tooth is subject to Managed Care protocols			
	A treatment plan and X-rays may be requ	ired for multiple fillings	A treatment	A treatment plan and X-rays may be required for multiple fillings				
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars Managed Care protocols apply		re protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars			
PLASTIC DENTURES AND ASSOCIATED	1 set of plastic dentures (an upper and a beneficiaries 21 years and older	1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older						
LABORATORY COSTS	25% co-payment applies	Pre-authorisation required	25% co-payn	nent applies	Pre-authorisation required			
MAXILLO-FACIAL SURGERY AND ORAL PATHOL	OGY							
SURGERY IN THE DENTAL CHAIR	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply	Covered at 7 Dental Tariff	5% of the Bonitas	Managed Care protocols apply			
HOSPITALISATION (GENERAL ANAESTHETIC)	PMB only	Avoid a 30% co-payment by using a hospital on the applicable network	PMB only		Avoid a 30% co-payment by using a hospital on the applicable network			
	Pre-authorisation required	Pre-authorisation required						
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Covered at 75% of the Bonitas Dental Tariff	Managed Care protocols apply	Covered at 7 Dental Tariff	5% of the Bonitas	Managed Care protocols apply			
MODERATE/DEEP SEDATION IN DENTAL	Limited to extensive dental treatment	Managed Care protocols apply	Limited to ex	xtensive dental treatment	Managed Care protocols apply			
ROOMS (IV CONSCIOUS SEDATION)	Covered at 75% of the Bonitas	Pre-authorisation required	Covered at 7	5% of the Bonitas	Pre-authorisation required			

**PRIMARY SELECT** 

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

Dental Tariff

PRIMARY

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Dental Tariff

# **CHRONIC BENEFITS**

Primary and Primary Select cover you for the 28 chronic conditions listed below on the applicable formulary. You must use the Marara Pharmacy to get your medicine. If you choose not to use the Bonitas Chronic Medicine Courier Pharmacy Network or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Pre-authorisation is required.

#### 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

#### ADDITIONAL CONDITION COVERED

28. Depression (medication up to R160 per beneficiary, per month)

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 BENEFITS**

INTERNATIONAL TRAVEL BENEFIT	Up to R2.5 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				
INTERNATIONAL TRAVEL DENEFT	You must register for this benefit prior to departure				
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation			



# **BENEFIT BOOSTER**

#### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

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#### Annual amount available per family

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
	Level 1	R750
PRIMARY & PRIMARY SELECT	Level 2	R3 050
	Total	R3 800

#### **HOW TO ACTIVATE IT**

- To activate Level 1, complete an online wellness questionnaire (on the Bonitas app)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day.

(All claims are paid at the Bonitas Rate)





# MOTHER & CHILD CARE



## **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)
- R195 per month for antenatal vitamins during pregnancy
- (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)

## **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health

## 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 consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation (including reminders) according to Expanded
   Programme on Immunisation in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests by an ophthalmologist for premature
- \_\_newborns up to 6 weeks, in or out-of-hospital

# **BE BETTER BENEFIT**



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#### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



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

#### Wellness screening includes the following tests:

- Blood pressure

- Glucose

- Cholesterol - Body Mass Index
- Body
- Waist-to-hip ratio

#### **CONTRACEPTIVES**

• R1 970 per family (for women aged up to 50)

#### **PRIMARY:**

- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

#### **PRIMARY SELECT:**

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies







# CARE PROGRAMMES

#### MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

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



- 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



• 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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

#### 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



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

	PRIMARY		<b>PRIMARY SELE</b>	СТ
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 spec paid at 100% of the Bonitas F
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Boni	as Rate	Unlimited, covered at 100% of the Bonit	as Rate
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Boni	as Rate	Unlimited, covered at 100% of the Bonit	as Rate
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Boni	tas Rate	Unlimited, covered at 100% of the Bonit	as Rate
MRIS AND CT SCANS	R15 960 per family, in and out-of-hospital	Pre-authorisation required	R15 960 per family, in and out-of-hospital	Pre-authorisation required
(SPECIALISED RADIOLOGY)	R2 240 co-payment per scan event exce	pt for PMB	R2 240 co-payment per scan event excep	ot for PMB
CATARACT SURGERY	Avoid a R7 420 co-payment by using the	DSP	Avoid a R7 420 co-payment by using the	DSP
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	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 app
MENTAL HEALTH HOSPITALISATION	R19 060 per family	No cover for physiotherapy for mental health admissions	R19 060 per family	No cover for physiotherapy for health admissions
(ALSO SEE CARE PROGRAMMES PAGE 10)	Avoid a 30% co-payment by using a hos	pital on the applicable network	Avoid a 30% co-payment by using a hosp	ital on the applicable network
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R470 pe	r hospital stay	Limited to a 7-day supply up to R470 per	hospital stay
PHYSICAL REHABILITATION	R60 900 per family	amily R60 900 per family		
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply	R20 310 per family	Managed Care protocols appl
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to using the DSP	Including hospice/private nu home oxygen, pain managen psychologist and social work support

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

65

Unlimited, non-network specialists

paid at 100% of the Bonitas Rate

Managed Care protocols apply No cover for physiotherapy for mental

Managed Care protocols apply Including hospice/private nursing, home oxygen, pain management,

	PRIMARY		PRIMARY SELEC	СТ
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE	Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	Unlimited for PMBs	R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.
PAGE 10)	Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy	Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network	PMB only	Avoid a 25% co-payment by using a provider on the network
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	PMB only		PMB only	
KIDNEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	Unlimited	Avoid a 20% co-payment by using a DSP
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 11)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using a network day hospital		Avoid a R5 440 co-payment by using a net	work day hospital

	R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
<b>PROCEDURE CO-PAYMENTS</b> (PER EVENT, SUBJECT TO PRE-AUTHORISATION)	<ol> <li>Colonoscopy</li> <li>Conservative Back Treatment</li> <li>Cystoscopy</li> <li>Facet Joint Injections</li> <li>Flexible Sigmoidoscopy</li> <li>Functional Nasal Surgery</li> <li>Gastroscopy (not Endometrial Ablation)</li> <li>Myringotomy</li> <li>Tonsillectomy and Adenoidectomy</li> <li>Umbilical Hernia Repair</li> <li>Varicose Vein Surgery</li> </ol>	<ol> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> <li>Laparoscopic Hysterectomy</li> <li>Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>	<ol> <li>Laparoscopic Pyeloplasty</li> <li>Laparoscopic Radical Prostatectomy</li> <li>Nissen Fundoplication (Reflux Surgery)</li> </ol>

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# TRADITIONAL

# STANDARD STANDARD SELECT





Medical Aid for South Africa





# WHAT YOU PAY

#### STANDARD

MAIN MEMBER	R5 439
ADULT DEPENDANT	R4 715
CHILD DEPENDANT	R1 596

#### **STANDARD SELECT**

MAIN MEMBER	R4 915
ADULT DEPENDANT	R4 253
CHILD DEPENDANT	R1 439

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

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



# **OUT-OF-HOSPITAL BENEFITS**

Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first (See page 8 for more information). Simply follow the steps below.

• To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website)

• To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)

• To activate the total amount from the get-go, simply complete a wellness screening from the start

#### STANDARD

#### OVERALL DAY-TO-DAY LIMIT

#### DAY-TO-DAY BENEFITS

## STANDARD SELECT

**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.

**STANDARD & STANDARD SELECT** 

MAIN MEMBER ONLY	R13 440	R13 440
MAIN MEMBER + 1 DEPENDANT	R20 170	R20 170
MAIN MEMBER + 2 DEPENDANTS	R22 410	R22 410
MAIN MEMBER + 3 OR MORE DEPENDANTS	R24 650	R24 650

DAY-TO-DAY SUBLIMITS	GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.	For specialist consultations you must get a referral from your GP (including virtual care consultations). On <b>Standard Select:</b> • 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> <li>Avoid a 20% co-payment by using a Bonitas Pharmacy Network</li> <li>Avoid a 20% co-payment by using medicine that is on the formulary</li> <li>Over-the-counter medicine is limited to R895 per beneficiary and R2 800 per family</li> </ul>	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homoeopathic medicine).
MAIN MEMBER ONLY	R3 370	R3 370	R3 370	R3 370
MAIN MEMBER + 1 DEPENDANT	R5 040	R5 040	R5 040	R5 040
MAIN MEMBER + 2 DEPENDANTS	R5 610	R5 610	R5 610	R5 610
MAIN MEMBER + 3 OR MORE DEPENDANTS	R6 720	R6 720	R6 720	R6 720

GENERAL MEDICAL APPLIANCES	Subject to the available overall day-to-day limit       Subject to frequency limits as per Managed Care protocols				
(SUCH AS WHEELCHAIRS AND CRUTCHES)	R8 550 per family for Stoma Care and CPAP machines (Note: CPAP machines subject to Managed Care protocols)				
NON-SURGICAL PROCEDURES	Subject to the available overall day-to-day limit	Subject to the available overall day-to-day limit			

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

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

**ADDITIONAL GP CONSULTATIONS** (WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)

ADDITIONAL SPECIALIST CONSULTATIONS

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)

AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TES (ALSO SEE CARE PROGRAMMES PAGE 13)

MRISAND CT SCANS (SPECIALISED RADIOLOGY)

MENTAL HEALTH CONSULTATIONS

(ALSO SEE CARE PROGRAMMES PAGE 12

INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR

(ALSO SEE CARE PROGRAMMES PAGE 11)

**BLOOD PRESSURE MONITOR** 

**IN-ROOM PROCEDURES** 

OPTOMETRY

#### **STANDARD**

2 network GP consultations per family

NSULTATIONS	2 network specialist consultations per family You must get a referral fro		om your GP			
	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consult casualty ward or eme facility of a hospital the age of 6	erger	cy room		
	If it is not classified as an emergency, it v specialist day-to-day benefit	is not classified as an emergency, it will be paid from the available GP & cialist day-to-day benefit				
NIS AND TESTS)	R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payn	nent	by using a DSP		
ONS AND TESTS) <i>PAGE 13</i> ) All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme paid from the auxiliary services day-to-day benefit				
	R34 020 per family, in and out-of-hospital	Pre-authorisation rec	quire	d		
	R1 860 co-payment per scan event excep	ot for PMB				
IONS PAGE 11)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit) Limited to R20 310 per family		mily			
OUS GLUCOSE	R89 420 per family every 5 years	Consumables limited to R89 420 per family				
PAGE 11)	Limited to one device per type 1 diabeti	c for beneficiaries you	nger	than 18		
NEW	Limited to R1 200 per family every 2 years	Subject to the general medical appliances benefit				
	Subject to registration of your chronic condition (hypertension)					
	Cover for a defined list of approved procedures performed in the specialist's rooms		d			
	Once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses	OR	contact lenses		

#### STANDARD SELECT

2 network GP consultations per family

2 network specialist consultations per family	You must get a referral from your network GP			
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6			
If it is not classified as an emergency, it v specialist day-to-day benefit	will be paid from the a	availal	ble GP &	
R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a DSF			
All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider	Claims outside the Hearing Loss Management Programme paid from th auxiliary services day-to-day benefit			
R34 020 per family, in and out-of-hospital	Pre-authorisation required			
R1 860 co-payment per scan event exce	pt for PMB			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R20 310 per family			
R89 420 per family every 5 years	Consumables limited to R89 420 per family			
Limited to one device per type 1 diabeti	c for beneficiaries you	unger	than 18	
Limited to R1 200 per family every 2 years	Subject to the general medical appliances benefit			
Subject to registration of your chronic c	ondition (hypertensio	n)		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required			
Once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses <b>OR</b> contact lenses			

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

EYE TESTS	1 composite consultation per beneficiary, at a network provider	OR	R400 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	100% towards the cost of lenses at network rates R460 per lens, per benefic 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 (AND/OR LENS ENHANCEMENTS)	R1 405 per beneficiary at a network provider	OR	R1 054 per beneficiary at a non-network provider		
CONTACT LENSES	R2 120 per beneficiary				
BASIC DENTISTRY	Covered at the Bonitas Dental Tarifi	F	Subject to the Bonitas Dental Management Programme		
CONSULTATIONS	2 annual check-ups per beneficiary	(once	e 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 toot subject to Managed Care protoco				
	A treatment plan and X-rays may be	e requ	ired 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				
SPECIALISED DENTISTRY	Covered at the Bonitas Dental Tariff				
PARTIAL CHROME COBALT FRAME DENTURES	1 partial frame (an upper or lower) per beneficiary, once every 5 years Managed Care pr		Managed Care protocols apply		
AND ASSOCIATED LABORATORY COSTS	Pre-authorisation required				

STANDARD

# STANDARD SELECT

1 composite consultation per beneficiary, at a network provider	OR	R400 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 lens maximum of R860 per designer len							
R1 405 per beneficiary at a network provider	OR	R1 054 per beneficiary at a non-network provider					
R2 120 per beneficiary							
Covered at the Bonitas Dental Tariff		Subject to the Bonitas Dental Management Programme					
2 annual check-ups per beneficiary	(once	e every 6 months)					
Managed Care protocols apply							
1 per beneficiary, every 3 years							
2 annual scale and polish treatmen per beneficiary (once every 6 mont	Fissure sealants are only covered for children under 16 years						
Fluoride treatments are only cover 16 years	ed for	r children from age 5 and younger than					
Benefit for fillings is granted once 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	e requ	ired for multiple fillings					
Managed Care protocols apply	Managed Care protocols apply						
1 set of plastic dentures (an upper a lower) per beneficiary, once every 4 years	Pre-authorisation required						
Covered at the Bonitas Dental Tariff							
1 partial frame (an upper or lower) beneficiary, once every 5 years	Managed Care protocols apply						
Pre-authorisation required							

These benefits are in addition to your overall day-to-day limit.	STANDARD			STANDARD SELECT				
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years		1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years			
	A treatment plan and X-rays may be requested	Pre-authorisation required		A treatment plan and X-rays may be requested	Pre-authorisation required			
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis		Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis			
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 80% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)		Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 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		Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years			
	Managed Care protocols apply	Pre-authorisation required		Managed Care protocols apply	Pre-authorisation required			
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply		Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply			
	Pre-authorisation required			Pre-authorisation required				
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY								
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply			Managed Care protocols apply				
<b>HOSPITALISATION</b> (GENERAL ANAESTHETIC)	A co-payment of R3 500 per 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 OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		A co-payment of R3 500 per 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 OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime			
	General anaesthetic benefit is available for the removal of impacted teeth	Aanaged 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. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **CHRONIC BENEFITS**

### **STANDARD**

Standard offers cover for the 45 chronic conditions listed below, limited to R12 530 per beneficiary and R25 140 per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy, you will have to pay a 30% 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 a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. If you choose to use a non-network pharmacy or medicine that is not on the formulary, you will have to pay a 30% co-payment.

### **&** STANDARD SELECT

Standard Select offers cover for the 45 chronic conditions listed below, limited to R12 530 per beneficiary and R25 140 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 30% 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 30% 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

Dermatitis
Depression
Eczema
Gastro-Oesophageal Reflux Disease (GORD)
Generalised Anxiety Disorder
Gout

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider



# **BENEFIT BOOSTER**

### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

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### Annual amount available per family

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
<i></i>	Level 1	R1 000
STANDARD & STANDARD SELECT	Level 2	R4 000
	Total	R5 000

### **HOW TO ACTIVATE IT**

- To activate Level 1, complete an online wellness questionnaire (on the Bonitas app)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day.

(All claims are paid at the Bonitas Rate)





### MOTHER & CHILD CARE



### **MATERNITY CARE**

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 580 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)
- R195 per month for antenatal vitamins during pregnancy
   (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)

### CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultation per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- Online screenings for infant and toddler health
- 2 vision screening tests by an ophthalmologist for premature
- \_\_newborns up to 6 weeks, in or out-of-hospital

### **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- •Online assessments for pregnancy and mental health



### **BE BETTER BENEFIT**



### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website

### **WELLNESS BENEFIT**

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

### Wellness screening includes the following tests:

- Blood pressure
- Cholesterol

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- Glucose
- Body Mass Index
- Waist-to-hip ratio

### **CONTRACEPTIVES**

• R2 050 per family (for women aged up to 50)

### STANDARD:

- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

### STANDARD SELECT:

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies









# PROGRAMMES

### **MENTAL HEALTH**

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

### 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 vou 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



### **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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

### 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

### FEMALE HEALTH

• Accessible to all female members aged 18 and above

- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health

# HIV/AIDS

• Provides you with appropriate treatment and tools to live your best life

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- 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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

# CARE PROGRAMMES



### HEARING LOSS MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

### WEIGHT MANAGEMENT

- A 12-week, biokineticist-led intervention plan for members with a body mass index higher than 30 or a high waist circumference
- Aims to assist members to lose excess weight and lead healthier, more rewarding lives
- Offers 9 exercise sessions and 3 re-assessment sessions managed by a biokineticist from the Biokinetics Association of South Africa
- Covers a referral to a dietician for a consultation and a follow-up
- Includes a referral to a psychologist for a consultation (where needed)
- Provides ongoing assistance to ensure sustained weight management



### 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 multi-disciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery

### **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	
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 Bonit	as Rate
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonit	as Rate
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonit	as Rate
	R34 020 per family, in and out-of-hospital	Pre-authorisation required
(SPECIALISED RADIOLOGY)	R1 860 co-payment per scan event excep	ot for PMB
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to the auxiliary services benefit sublimit, unless PMB	Subject to referral by the treating practitioner
	R57 630 per family	Managed Care protocols apply
INTERNAL AND EXTERNAL PROSTHESES	Sublimit of R6 860 per breast prosthesis	(limited to 2 per year)
<b>SPINAL SURGERY</b> (ALSO SEE CARE PROGRAMMES PAGE 11)	Subject to an assessment and/or conserv	vative treatment by the DSP
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 13)	Avoid a R37 080 co-payment by using the	e DSP
INTERNAL NERVE STIMULATORS	R215 800 per family	
COCHLEAR IMPLANTS	PMB only	
CATARACT SURGERY	Avoid a R7 420 co-payment by using the	DSP
<b>MENTAL HEALTH HOSPITALISATION</b> (ALSO SEE CARE PROGRAMMES PAGE 11)	R51 900 per family	No cover for physiotherapy for mental health admissions

### STANDARD 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 Bonit	as Rate
Unlimited, covered at 100% of the Bonit	as Rate
Unlimited, covered at 100% of the Bonit	as Rate
R34 020 per family, in and out-of-hospital	Pre-authorisation required
R1 860 co-payment per scan event excep	ot for PMB
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
R57 630 per family	Managed Care protocols apply
Sublimit of R6 860 per breast prosthesis	(limited to 2 per year)
Subject to an assessment and/or conserv	vative treatment by the DSP
Avoid a R37 080 co-payment by using the	e DSP
R215 800 per family	
PMB only	
Avoid a R7 420 co-payment by using the	DSP
R51 900 per family	No cover for physiotherapy for mental health admissions
Avoid a 30% co-payment by using a hosp	ital on the applicable network

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

STANDARD & STANDARD SELECT 2025

<b>STA</b>	NI	אר	DN
SIA		JA	ΠĽ

TAKE-HOME MEDICINE	Limited to a 7-day supply up to R605
PHYSICAL REHABILITATION	R64 680 per family
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R21 570 per family
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the DSP
	Unlimited for PMBs
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME - SEE PAGE 11)	R280 100 per family for non-PMBs. F DSP, once limit is reached.
PAGE 11)	Sublimit of R60 680 per beneficiary Brachytherapy
PET SCANS MEW (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	1 scan per family per year
CANCER MEDICINE	Subject to Medicine Price List and preferred product list
ORGAN TRANSPLANTS	Unlimited
KIDNEY DIALYSIS	Unlimited
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 12)	Unlimited, if you register on the HIV/AIDS programme
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using

R64 680 per family	
R21 570 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
R280 100 per family for non-PMBs. Paid DSP, once limit is reached.	d at 80% at a DSP and no cover at a non-
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R157 800 can be used for specialised drugs (including biological drugs)
1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
	Avoid a 20% co-payment by using a DSP Sublimit of R41 070 per beneficiary for corneal grafts
preferred product list	Sublimit of R41 070 per beneficiary for

### STANDARD SELECT

Limited to a 7-day supply up to R605 per hospital stay		
R64 680 per family		
R21 570 per family	Managed Care protocols apply	
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Unlimited for PMBs	Avoid a 30% co-payment by using a DSP	
R280 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non- DSP, once limit is reached.		
Sublimit of R60 680 per beneficiary for Brachytherapy	Sublimit of R157 800 can be used for specialised drugs (including biological drugs)	
1 scan per family per year	Avoid a 25% co-payment by using a provider on the network	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	
Unlimited	Sublimit of R41 070 per beneficiary for corneal grafts	
Unlimited	Avoid a 20% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP	
Avoid a R5 440 co-payment by using a network day hospital		

### **ADDITIONAL BENEFITS**

INTERNATIONAL TRAVEL BENEFIT	Up to R2.5 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	
	ou must register for this benefit prior to departure	
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# HOSPITAL

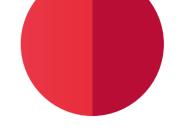
## **BONESSENTIAL BONESSENTIAL SELECT**

Ponilas









### WHAT YOU PAY

### BONESSENTIAL

MAIN MEMBER	R2 509
ADULT DEPENDANT	R1 854
CHILD DEPENDANT	R811

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

### **BONESSENTIAL SELECT**

MAIN MEMBER	R2 192
ADULT Dependant	R1 606
CHILD DEPENDANT	R723

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

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



All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

BONESSENTIAL & BONESSENTIAL SELECT 2025

### **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

### **BONESSENTIAL SELECT**

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	Unlimited, network specialists cover in full at the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the E
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the E
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the E
MRIS AND CT SCANS	R15 960 per family, in and out-of-hospital
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event e
CATARACT SURGERY	Avoid a R7 420 co-payment by using
ALLIED MEDICAL PROFESSIONALS SUCH AS DIETICIAN, SPEECH AND DCCUPATIONAL THERAPIST)	PMB only
PHYSIOTHERAPY AND BIOKINETICS	PMB only
NTERNAL AND EXTERNAL PROSTHESES	PMB only
	Pre-authorisation required
IOSPITALISATION FOR DENTISTRY GENERAL ANAESTHETIC)	A co-payment of R5 000 per admissi applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital
MENTAL HEALTH HOSPITALISATION ALSO SEE CARE PROGRAMMES PAGE 10)	R38 780 per family

out-of-hospital expenses.	ess servering of online wenness questionna	irc, you
Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Un in f
Unlimited, covered at 100% of the Bonita	as Rate	Un
Unlimited, covered at 100% of the Bonita	as Rate	Un
Unlimited, covered at 100% of the Bonita	as Rate	Un
R15 960 per family, in and out-of-hospital	Pre-authorisation required	R1 ou
R2 800 co-payment per scan event excep	t for PMB	R2
Avoid a R7 420 co-payment by using the	DSP	Ave
PMB only	Subject to referral by treating practitioner	PN
PMB only	Subject to referral by treating practitioner	PN
PMB only	Managed Care protocols apply	PN
Pre-authorisation required	Managed Care protocols apply	Pre
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	General anaesthetic benefit is available for the removal of impacted teeth	A c apj tee A F dei hos
R38 780 per family	No cover for physiotherapy for mental health admissions	R3 Ave

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		
R15 960 per family, in and out-of-hospital	Pre-authorisation required	
R2 800 co-payment per scan event except for PMB		
Avoid a R7 420 co-payment by using the DSP		
PMB only	Subject to referral by treating practitioner	
PMB only	Subject to referral by treating practitioner	
PMB only	Managed Care protocols apply	
Pre-authorisation required	Managed Care protocols apply	
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR	General anaesthetic benefit is available for the removal of impacted teeth	
A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network	
R38 780 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. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### TAKE-HOME MEDICINE

PHYSICAL REHABILITATION

ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)

**PALLIATIVE CARE** (CANCER ONLY)

CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME - SEE PAGE 10)

PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)

CANCER MEDICINE

ORGAN TRANSPLANTS

**KIDNEY DIALYSIS** 

**HIV/AIDS** (ALSO SEE CARE PROGRAMMES PAGE 11)

DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

### PROCEDURE CO-PAYMENTS

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

BONESSENTIAL
Limited to a 7-day supply up to R470 per hospital stay

R20 310 per family	Managed Care protocols apply
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
Unlimited for PMBs at a DSP	Pre-authorisation required
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy
PMB only	Avoid a 25% co-payment by using a provider on the network
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
PMB only	
Unlimited	Avoid a 20% co-payment by using a DSP
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP

### **BONESSENTIAL SELECT**

Limited to a 7-day supply up to R470 per hospital stay

R60 900 per family		
R20 310 per family	Managed Care protocols apply	
Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Unlimited for PMBs at a DSP	Pre-authorisation required	
Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy	
PMB only	Avoid a 25% co-payment by using a provider on the network	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	
PMB only		
Unlimited	Avoid a 20% co-payment by using a DSP	
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP	
Avoid a R5 440 co-payment by using a network day hospital		

R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
1. Colonoscopy         2. Conservative Back Treatment         3. Cystoscopy         4. Facet Joint Injections         5. Flexible Sigmoidoscopy         6. Functional Nasal Surgery         7. Gastroscopy (not Endometrial Ablation)         9. Myringotomy         10. Tonsillectomy and Adenoidectomy         11. Umbilical Hernia Repair         12. Varicose Vein Surgery	<ol> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> <li>Laparoscopic Hysterectomy</li> <li>Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>	<ol> <li>Laparoscopic Pyeloplasty</li> <li>Laparoscopic Radical Prostatectomy</li> <li>Nissen Fundoplication (Reflux Surgery)</li> </ol>

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **CHRONIC BENEFITS**

BonEssential and BonEssential Select cover you for the 28 chronic conditions listed below on the applicable formulary. You must use 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 30% co-payment. Pre-authorisation is required.

&

### BONESSENTIAL

### **PRESCRIBED MINIMUM BENEFITS COVERED**

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

### **ADDITIONAL CONDITION COVERED**

28. Depression (medication up to R160 per beneficiary, per month)

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **BONESSENTIAL SELECT**

### **OUT-OF-HOSPITAL BENEFITS**

These benefits provide cover for emergency room consultations 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. See page 7 for more information.

### BONESSENTIAL

EME (FOR

### & BONESSENTIAL SELECT

IERGENCY ROOM BENEFIT DR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only	
ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required	

### **ADDITIONAL BENEFITS**

BONESSENTIAL	& BONESS	ENTIAL SELECT
INTERNATIONAL TRAVEL BENEFIT	Up to R2.5 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
	You must register for this benefit prior to departure	
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

# **Bonitas**

**GET UP TO** 

EXTRA BENEFITS

**TO PAY FOR** 

**CLAIMS** 

Sonital

# **BENEFIT BOOSTER**



### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

••

### Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonEssential	R1 160
BonEssential Select	R1 160

### HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day

(All claims are paid at the Bonitas Rate)

### MOTHER & CHILD CARE

### **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)
- **•** R195 per month for antenatal vitamins during pregnancy
- (Paid from available Benefit Booster, subject to formulary)



**MEW** 

### **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- •Online assessments for pregnancy and mental health

# CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 1 GP consultation per child between ages 2 and 12
- Milestone reminders for children under 3 years
- NEW Online screenings for infant and toddler health
  - 2 vision screening tests by an ophthalmologist for premature
  - newborns up to 6 weeks, in or out-of-hospital



### **BE BETTER BENEFIT**



### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16 years
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



### WELLNESS BENEFIT

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

### Wellness screening includes the following tests:

- Blood pressure
- Cholesterol

••

- Glucose
- Body Mass Index
- Waist-to-hip ratio

### **CONTRACEPTIVES**

- R1 580 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies



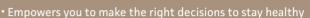
### MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

### 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



- 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



• 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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

### 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health



### **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

# HOSPITAL

# **HOSPITAL STANDARD**





Medical Aid for South Africa





### WHAT YOU PAY

MAIN MEMBER	R3 252
ADULT DEPENDANT	R2 739
CHILD DEPENDANT	R1 236

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

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **IN-HOSPITAL BENEFITS**

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital on the applicable network. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		
MRIS AND CT SCANS	R32 040 per family, in and out-of-hospital	Pre-authorisation required	
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event except for PMB		
CATARACT SURGERY	Avoid a R7 420 co-payment by using the DSP		
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner	
INTERNAL PROSTHESES	R54 270 per family (no cover for joint replacements or back and neck surgery except for PMB)	Managed Care protocols apply	
EXTERNAL PROSTHESES	PMB only	Managed Care protocols apply	
HOSPITALISATION FOR DENTISTRY	A co-payment of R3 500 per 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 OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Managed Care and admission protocols apply	
(GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime	Pre-authorisation required	
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth	
MODERATE/DEEP SEDATION IN THE ROOMS	Managed Care protocols apply	Pre-authorisation required	
(IV CONSCIOUS SEDATION)	Only applicable in lieu of general anaesthetic for the in-hospital dental benefits		
MENTAL HEALTH HOSPITALISATION	R38 780 per family	No cover for physiotherapy for mental health admissions	
(ALSO SEE CARE PROGRAMMES PAGE 8)	Avoid a 30% co-payment by using a hospital on the applicable network		
TAKE-HOME MEDICINE	KE-HOME MEDICINE         Limited to a 7-day supply up to R575 per hospital stay		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

SICAL REHABILITATION	R60 900 per family		
RNATIVES TO HOSPITAL SPICE, STEP-DOWN FACILITIES)	R20 310 per family	Managed Care protocols apply	
IATIVE CARE ICER ONLY)	Unlimited, subject to using the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
CER TREATMENT JECT TO REGISTRATION ON THE	Unlimited for PMBs	R168 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached	
OLOGY MANAGEMENT PROGRAMME – <i>SEE</i> <sup>:</sup> 8)	Avoid a 30% co-payment by using a DSP	Sublimit of R60 680 per beneficiary for Brachytherapy	
SCANS JECT TO REGISTRATION ON THE OLOGY MANAGEMENT PROGRAMME)	PMB only	Avoid a 25% co-payment by using a provider on the network	
CER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	
AN TRANSPLANTS	Unlimited	Sublimit of R38 670 per beneficiary for corneal grafts	
IEY DIALYSIS	Unlimited	Avoid a 20% co-payment by using a DSP	
<b>AIDS</b> O SEE CARE PROGRAMMES PAGE 9)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP	
SURGERY PROCEDURES LIES TO SELECTED PROCEDURES)	Avoid a R2 720 co-payment by using a network day hospital		

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

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CANCI ORGA KIDNE

HIV/A (ALSO DAY SI (APPL)

R1 940 co-payment	R4 930 co-payment	R9 130 co-payment
Colonoscopy     Conservative Back Treatment     Cystoscopy     Facet Joint Injections     Flexible Sigmoidoscopy     Gunctional Nasal Surgery     Gastroscopy     Hysteroscopy (not Endometrial Ablation)     Myringotomy     Onosillectomy and Adenoidectomy     Umbilical Hernia Repair     Z. Varicose Vein Surgery	<ol> <li>Arthroscopy</li> <li>Diagnostic Laparoscopy</li> <li>Laparoscopic Hysterectomy</li> <li>Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)</li> </ol>	<ol> <li>Laparoscopic Pyeloplasty</li> <li>Laparoscopic Radical Prostatectomy</li> <li>Nissen Fundoplication (Reflux Surgery)</li> </ol>

### **OUT-OF-HOSPITAL BENEFITS**

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

EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **CHRONIC BENEFITS**

Hospital Standard covers you for the **28** chronic conditions listed below on the applicable formulary. You must use 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 30% co-payment. Pre-authorisation required.

### PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

ADDITIONAL	CONDITION	<b>COVERED</b>
------------	-----------	----------------

28. Depression (medication up to R160 per beneficiary, per month)

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. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### MOTHER & CHILD CARE



### **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)

### CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Milestone reminders for children under 3 years
- NEW Online screenings for infant and toddler health
  - 2 vision screening tests by an ophthalmologist for premature
  - newborns up to 6 weeks, in or out-of-hospital



NFW

### **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- •Online assessments for pregnancy and mental health



### **BE BETTER BENEFIT**

### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer. for members between ages 45 and 75
- Covid-19 vaccines and boosters as directed by the National Department of Health
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website

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



### WELLNESS BENEFIT

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

### Wellness screening includes the following tests:

- Blood pressure
- Cholesterol

•••

- Glucose
- Body Mass Index
- Waist-to-hip ratio

### **CONTRACEPTIVES**

- R2 050 per family (for women aged up to 50)
- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use the Designated Service Provider, a 40% co-payment applies

# ARE PROGRAMMES



### **MENTAL HEALTH**

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme

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 vou 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
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)



### **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, back and neck physiotherapists and/or 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

# CARE PROGRAMMES

### 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
  Empowerment of women to actively manage their health



### **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

## BONSTART **BONSTART PLUS**

EDGE

Bonitas





Medical Aid for South Africa



### WHAT YOU PAY

### **BONSTART**

	MAIN MEMBER	R1 498
	ADULT DEPENDANT	R1 498
()	CHILD DEPENDANT	R1 498

### **BONSTART PLUS**

()	MAIN MEMBER	R1 907
(P)	ADULT DEPENDANT	R1 813
(J)	CHILD DEPENDANT	R840

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

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

## **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. See page 6 for more information.

VIRTUAL CARE GP AND NURSE

**EMERGENCY ROOM BENEFIT (N** (FOR EMERGENCIES ONLY)

**GP-REFERRED ACUTE MEDICIN** X-RAYS AND BLOOD TESTS

**OVER-THE-COUNTER MEDICIN** (INCLUDES A LIST OF SPECIFIED

SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRA

SUPPLEMENTS)

**OPTOMETRY** 

CONSULTATIONS

GP CONSULTATIONS

### **BONSTART**

:	Unlimited network GP and Nurse Virtual Care consultations			Unlimited network GP and Nurse Virtual	Care consultations
	Unlimited network GP consultations	Authorisation required after 6th visit		Unlimited network GP consultations	Authorisation requir
	R125 co-payment per visit	2 non-network GP consultations for emergencies per family		R70 co-payment per visit	2 non-network GP co emergencies per fan
NEW)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only		2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to er
	Limited to R1 780 per family	Subject to the radiology and pathology formulary		Limited to R3 320 per family	Subject to the radio formulary
NE,	For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use			For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the f • Subject to medicine formulary use	
NE D	Limited to R110 per event	Maximum of R545 per family, per year		Limited to R175 per event	Maximum of R825 p
	Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network		Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payr Bonitas Pharmacy N
AL)	Limited to 1 visit per family up to R1 320	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist		Limited to 2 visits per family up to R2 380	Including all acute m radiology, specialise pathology prescribe
	R265 co-payment per visit	Subject to GP referral		R125 co-payment per visit	Subject to GP referra
	1 eye test per beneficiary at a network provider	R110 co-payment		1 eye test per beneficiary at a network provider	R110 co-payment
	Limited to R400 at a non-network provider		] [	Limited to R400 at a non-network provi	der

### **BONSTART PLUS**

Unlimited network GP consultations	Authorisation required after 10th visit
R70 co-payment per visit	2 non-network GP consultations for emergencies per family
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
Limited to R3 320 per family	Subject to the radiology and pathology formulary
For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the B • Subject to medicine formulary use	
Limited to R175 per event	Maximum of R825 per family, per year
Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
Limited to 2 visits per family up to R2 380	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R125 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R110 co-payment

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

			RT
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	1 dental consultation per beneficiary	R125 co-payment	1 den
BASIC DENTISTRY	Managed Care protocols apply	1 annual scale and polish treatment per beneficiary	Manag
	Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year	Fissur childro per to
<b>GENERAL APPLIANCES</b> (SUCH AS WHEELCHAIRS AND CRUTCHES)	PMB only	Subject to frequency limits as per Managed Care protocols	R6 60
IN-ROOM PROCEDURES	Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required	Cover proce specia
PHYSIOTHERAPY	2 consultations per beneficiary for sport-related injuries	R125 co-payment	4 cons sport-
	You must get a referral from your network GP or medical specialist		You m
<b>MENTAL HEALTH CONSULTATIONS</b> (ALSO SEE CARE PROGRAMMES PAGE 9)	PMB only		PMB c
<b>HIV/AIDS</b> (ALSO SEE CARE PROGRAMMES PAGE 10)	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP	Unlim HIV/A

### **BONSTART PLUS**

R70 co-payment	
1 annual scale and polish treatment per beneficiary	
Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year	
Subject to frequency limits as per Managed Care protocols	
Pre-authorisation required	
4 consultations per beneficiary for sport-related injuries R70 co-payment	
rk GP or medical specialist	
Avoid a 30% co-payment by obtaining your chronic medicine from the DSP	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **CHRONIC BENEFITS**

BonStart and BonStart Plus cover you for the 28 chronic conditions 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 30% co-payment. Pre-authorisation is required.

### **BONSTART**

### **& BONSTART PLUS**

### PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

### **ADDITIONAL CONDITION COVERED**

28. Depression (medication up to R160 per beneficiary, per month)

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 BENEFITS**

INTERNATIONAL TRAVEL BENEFIT		Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19	
INTERNATIONAL TRAVEL DENEFTI	You must register for this benefit prior to departure		
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

### **Bouitas** Medical Aid for south Africa

# **BENEFIT BOOSTER**



### GET UP TO R1160 EXTRA BENEFITS

### TO PAY FOR OUT-OF-HOSPITAL CLAIMS



### WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer. ••

### Annual amount available per family

IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT				
BonStart	R1 160				
BonStart Plus	R1 160				

### **HOW TO ACTIVATE IT**

Complete an online wellness questionnaire (on the Bonitas app) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once an adult beneficiary has completed an online wellness questionnaire on the Bonitas app or a wellness screening at a participating pharmacy, biokineticist or Bonitas wellness day.

(All claims are paid at the Bonitas Rate)

### **MOTHER & CHILD CARE**

### **MATERNITY CARE**

R195 per month for antenatal vitamins during pregnancy
 NEW (Paid from available Benefit Booster, subject to formulary)

### **BONSTART PLUS ONLY**

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis

• 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

### CHILDCARE

- Babyline: 24/7 helpline for medical advice for children under 3 years
- Milestone reminders for children under 3 years
- NEW . Online screenings for infant and toddler health
  - 2 vision screening tests by an ophthalmologist for premature
  - newborns up to 6 weeks, in or out-of-hospital

### **BONSTART PLUS ONLY**

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

### **MATERNITY PROGRAMME**

REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health



### **BE BETTER BENEFIT**



### **PREVENTATIVE CARE**

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16
- Covid-19 vaccines and boosters as directed by the National Department of HealthW
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



### WELLNESS BENEFIT

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

### Wellness screening includes the following tests:

- Blood pressure
- Cholesterol

•••

- Glucose - Waist-to-hip ratio
- Body Mass Index

### **CONTRACEPTIVES**

- R1 270 for BonStart & R1 540 for BonStart Plus per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies

# CARE PROGRAMMES



### **MENTAL HEALTH**

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you 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
- Primary care support through a GP and assistance to facilitate enrolment on the programme



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- · Empowerment of women to actively manage their health



- 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

# CARE PROGRAMMES

### **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

### 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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

### **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 R12 680 co-payment by using a hospital on the applicable network.

	BONSTART			<b>BONSTART PLU</b>	BONSTART PLUS		
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 780 co-payment per admission, except for PMB emergencies		Unlimited at the applicable hospital network	R1 190 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		$\left  \right $	Unlimited, covered at 100% of the Bonitas Rate			
BLOOD TESTS	R30 880 per family except for PMB			Unlimited, covered at 100% of the Bonitas Rate			
BLOOD TRANSFUSIONS	R22 430 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	R14 090 per family	Pre-authorisation required		R19 130 per family	Pre-authorisation required		
(SPECIALISED RADIOLOGY)	R2 800 co-payment per scan event except for PMB			R2 240 co-payment per scan event except for PMB			
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner		PMB only	Subject to referral by treating practitioner		
PHYSIOTHERAPY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner		PMB only	Subject to referral by treating practitioner		
CHILDBIRTH	Unlimited at the applicable hospital network	Avoid a R12 680 co-payment by using a hospital on the applicable network		Unlimited at the applicable hospital network	Avoid a R12 680 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 R55 080 per family except for PMB			Limited to R55 080 per family except for PMB			
				R19 130 per family (no cover for joint replacement except for PMB)			
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply		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		
(ALSO SEE CARE PROGRAMMES PAGE 9)	Avoid a R12 680 co-payment by using a hospital on the applicable network			Avoid a R12 680 co-payment by using a hospital on the applicable network			
AKE-HOME MEDICINE Limited to a 7-day supply up to R465 per hospital stay			Limited to a 7-day supply up to R465 per hospital stay				
PHYSICAL REHABILITATION	R60 210 per family	Pre-authorisation required		R60 210 per family	Pre-authorisation required		

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

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	R17 340 per family	Pre-authorisation required	R20 090 per family		Pre-authorisation required	
(HOSPICE, STEP-DOWN FACILITIES)	Managed Care protocols apply		Managed Care protocol	Managed Care protocols apply		
PALLIATIVE CARE	Unlimited, subject to using the DSP	Managed Care protocols apply	Unlimited, subject to u	sing the DSP	Managed Care protocols apply	
(CANCER ONLY)	Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support		Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support			
CATARACT SURGERY	Avoid a R7 130 co-payment by using the	DSP	Avoid a R7 130 co-payment by using the DSP			
DENTISTRY	PMB only	PMB only				
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE	Unlimited for PMBs	Pre-authorisation required	Unlimited for PMBs		Pre-authorisation required	
ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 9)	Avoid a 30% co-payment by using a DSP		Avoid a 30% co-paymer	Avoid a 30% co-payment by using a DSP		
<b>PET SCANS</b> (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	PMB only		Avoid a 25% co-paymer	Avoid a 25% co-payment by using a provider on the network		
CANCER MEDICINE	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP	Subject to Medicine Pri preferred product list	ce List and	Avoid a 20% co-payment by using a DSP	
	PMB only	Pre-authorisation required	PMB only		Pre-authorisation required	
ORGAN TRANSPLANTS	Avoid a 30% co-payment by using a DSP		Avoid a 30% co-payment by using a DSP			
	PMB only	Pre-authorisation required	PMB only		Pre-authorisation required	
KIDNEY DIALYSIS	Avoid a 30% co-payment by using a DSP		Avoid a 30% co-paymer	Avoid a 30% co-payment by using a DSP		
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)	Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP	Unlimited, if you registe HIV/AIDS programme	er on the	Avoid a 30% co-payment by obtaining your chronic medicine from the DSP	
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Avoid a R12 680 co-payment by using a r	Avoid a R12 680 co-payment by using a network day hospital				
	R3 040 co-payment (Applies in addition to non-network hospital co-payment)					
PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)	1. Arthroscopy (when done as part of a surgical procedure)					
(Subject to FRE Authonisation)	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				
SURGICAL PROCEDURES THAT ARE NOT COVERED	Non-cancerous breast conditions	Gastroscopies, colonoscopies and all other endoscopies				
	Nail disorders		Knee and shoulder surgery			
	Skin disorders, including benign growth	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 p	protocols apply. All benefits are approved by the Council for Me	dical Schemes. <b>PMB =</b> Prescribed Minimum Renefits <b>DSD -</b> Dec	ignated Service Provider			
				$\times$ $\times$		
BONSTART & BONSTART PLUS 2025		( 113			IN-HOSPITAL BENEFITS	



### MAKE THE MOST OF YOUR **BONITAS MEMBERSHIP** WITH THE **MEMBER INFORMATION HUB** ON OUR WEBSITE!

We know that medical aid can be confusing at times,but we've made it easy for you to quickly access essential medical aid information. And there is no need to log in, just info at the click of a button, like:

- · How to get your claims paid quickly
- Effortlessly getting hospital authorisations
- Registering your chronic medicine
- Accessing our maternity programme
- Getting more benefits with the Benefit Booster
- Going for a free wellness screening
- And much more...

You can also make use of the new "Quick find" search function on our website to quickly find answers to frequently asked medical aid-related questions!

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All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. PMB = Prescribed Minimum Benefits