

TRADITIONAL

**PRIMARY
PRIMARY SELECT**

2024

Bonitas




Bonitas

Medical Aid for South Africa

Bonitas

WHAT YOU PAY




PRIMARY

 MAIN MEMBER	R2 993
 ADULT DEPENDANT	R2 341
 CHILD DEPENDANT	R952

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

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

PRIMARY SELECT

 MAIN MEMBER	R2 619
 ADULT DEPENDANT	R2 048
 CHILD DEPENDANT	R832

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

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

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:

- 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

OVERALL DAY-TO-DAY LIMIT

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

PRIMARY
DAY-TO-DAY BENEFITS

The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category.

R5 330
R8 520
R10 650
R11 720

PRIMARY SELECT
DAY-TO-DAY BENEFITS

R5 330
R8 520
R10 650
R11 720

DAY-TO-DAY SUBLIMITS

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

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

PRIMARY & PRIMARY SELECT			
GP & SPECIALIST CONSULTATIONS	ACUTE AND OVER-THE-COUNTER MEDICINE	X-RAYS & BLOOD TESTS	AUXILIARY SERVICES
For specialist consultations you must get a referral from your GP. (Including virtual care consultations) On Primary Select: <ul style="list-style-type: none"> • You must nominate 2 GPs on our network for each beneficiary for the year • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs only 	<ul style="list-style-type: none"> • Avoid a 20% co-payment by using a Bonitas Pharmacy Network • Avoid a 20% co-payment by using medicine that is on the formulary • Over-the-counter medicine is limited to R535 per beneficiary and R2 130 per family 	This category applies to blood and other laboratory tests as well as X-rays and ultrasounds.	This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dieticians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homeopathic medicine).
R2 130	R1 600	R2 130	R2 130
R3 730	R2 660	R2 660	R2 660
R4 790	R3 200	R3 200	R3 200
R4 790	R3 200	R3 200	R3 200
Subject to the available overall day-to-day limit		Subject to frequency limits as per Managed Care protocols	
R7 820 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols			
Subject to the available overall day-to-day limit		Subject to the available overall day-to-day limit	

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

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

ADDITIONAL SPECIALIST CONSULTATION (NEW)

EMERGENCY ROOM BENEFIT (NEW)
(FOR EMERGENCIES ONLY)

MRIs AND CT SCANS
(SPECIALISED RADIOLOGY)

MENTAL HEALTH CONSULTATIONS
(ALSO SEE CARE PROGRAMMES PAGE 10)

IN-ROOM PROCEDURES

OPTOMETRY

EYE TESTS

SINGLE VISION LENSES (CLEAR) OR

BIFOCAL LENSES (CLEAR) OR

MULTIFOCAL LENSES

FRAMES (AND/OR LENS ENHANCEMENTS)

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, it will be paid from the available GP & specialist day-to-day benefit

R15 170 per family, in and out-of-hospital

Pre-authorisation required

R2 130 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R11 630 per family

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorisation required

R5 695 per family, once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

1 consultation per beneficiary, at a network provider

OR R380 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

R605 per beneficiary at a network provider

OR R454 per beneficiary at a non-network provider

PRIMARY SELECT

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

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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

R605 per beneficiary at a network provider

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

CONTACT LENSES
BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY
SURGERY IN THE DENTAL CHAIR
HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

PRIMARY	
R1 430 per beneficiary (included in the family limit)	
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars
1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorisation required

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Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	
Benefit for fillings is granted once per tooth, every 2 years	Benefit for re-treatment of a tooth is subject to Managed Care protocols
A treatment plan and X-rays may be required for multiple fillings	
Managed Care protocols apply	Benefit for root canal includes all teeth except primary teeth and permanent molars
1 set of plastic dentures (an upper and a lower), once every 4 years for beneficiaries 21 years and older	
20% co-payment applies	Pre-authorisation required

Managed Care protocols apply	
A co-payment of R3 500 per admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply 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	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

Managed Care protocols apply	
A co-payment of R3 500 per admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply 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
Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
Pre-authorisation required	Managed Care protocols apply
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

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CHRONIC BENEFITS

Primary and Primary 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 40% 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

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 (NEW)

28.	Depression
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ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R10 million cover per family for medical emergencies when you travel outside South Africa	Additional benefit for medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19
	You must register for this benefit prior to departure	
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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BENEFIT BOOSTER

GET UP TO R3 500 EXTRA BENEFITS TO PAY FOR ANY 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

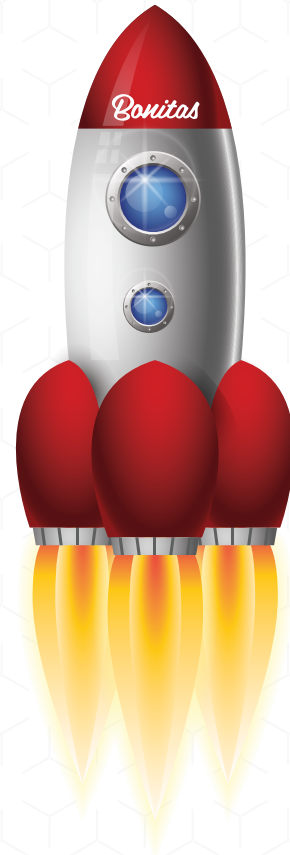
IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
PRIMARY & PRIMARY SELECT	Level 1	R700
	Level 2	R2 800
	Total	R3 500

HOW TO ACTIVATE IT

- 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

Ts & Cs apply. Child dependants can access the Benefit Booster once an adult beneficiary has completed a wellness screening or online wellness questionnaire.

(All claims are paid at the Bonitas Rate)



MOTHER & CHILD CARE

NEW



MATERNITY CARE



- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

MATERNITY PROGRAMME



Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

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



NEW

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 Health

NEW

- 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



WELLNESS BENEFIT

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

Wellness screening includes the following tests:

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

CONTRACEPTIVES



- R1 870 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

NEW



MENTAL HEALTH PROGRAMME

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will 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



CANCER

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



DIABETES MANAGEMENT

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



BACK AND NECK

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

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



HOSPITAL-AT-HOME

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

IN-HOSPITAL BENEFITS

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

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

	PRIMARY		PRIMARY SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRI^s AND CT SCANS (SPECIALISED RADIOLOGY)	R15 170 per family, in and out-of-hospital	Pre-authorisation required	R15 170 per family, in and out-of-hospital	Pre-authorisation required
	R2 130 co-payment per scan event except for PMB		R2 130 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R7 050 co-payment by using the Designated Service Provider		Avoid a R7 050 co-payment by using the Designated Service Provider	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R18 120 per family	No cover for physiotherapy for mental health admissions	R18 120 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network		Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R445 per hospital stay		Limited to a 7-day supply up to R445 per hospital stay	
PHYSICAL REHABILITATION	R57 890 per family		R57 890 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R19 310 per family	Managed Care protocols apply	R19 310 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the Designated Service Provider	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to using the Designated Service Provider	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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CANCER TREATMENT
(ALSO SEE CARE PROGRAMMES PAGE 10)

CANCER MEDICINE

ORGAN TRANSPLANTS

KIDNEY DIALYSIS

HIV/AIDS
(ALSO SEE CARE PROGRAMMES PAGE 11)

DAY SURGERY PROCEDURES
(APPLIES TO SELECTED PROCEDURES)

PRIMARY

Unlimited for PMBs	R213 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R57 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R2 590 co-payment by using a network day hospital	

PRIMARY SELECT

Unlimited for PMBs	R213 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R57 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
Avoid a R5 170 co-payment by using a network day hospital	

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

R1 840 co-payment	R4 690 co-payment	R8 680 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

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MAKE THE MOST OF YOUR BONITAS MEMBERSHIP WITH THE NEW MEMBER INFORMATION PAGE 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

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

 **Bonitas WhatsApp 060 070 2491**

 **www.bonitas.co.za**

 **Bonitas Medical Fund**

 **bonitas.co.za/member**

 **Bonitas Member App**

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