

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard Standard Select	Primary Select			
Monthly contributions (4th and subsequent children covered free)	Main: R11 321 Adult: R10 676 Child: R2 306	Main: R7 453 Adult: R6 398 Child: R1 840	Main: R6 040 Adult: R4 838 Child: R1 639	Main: R3 782 Adult: R2 859 Child: R1 132	Main: R2 524 Adult: R1 890 Child: R849	Main: R5 439 Main: R4 915 Adult: R4 715 Adult: R4 253 Child: R1 596 Child: R1 439	Main: R3 307 Main: R2 946 Adult: R2 587 Adult: R2 304 Child: R1 052 Child: R936			
Savings	Main: R25 632 Adult: R24 168 Child: R5 220	Main: R12 636 Adult: R10 848 Child: R3 120	Main: R10 848 Adult: R8 688 Child: R2 940	Main: R11 352 Adult: R8 580 Child: R3 396	Main: R4 536 Adult: R3 396 Child: R1 524		N/A			
Self-payment gap	Main: R5 210 Adult: R4 320 Child: R1 970	N/A	Main: R2 260 Adult: R1 910 Child: R495			N/A				
Above threshold benefit	Unlimited	N/A	Main: R6 010 Adult: R3 520 Child: R1 540	-		N/A				
Overall day-to-day limit subject to below sublimits (*based on family size) Sublimits for GP & specialist benefit						*Ranges from R13 440 - R24 650 *Ranges from R3 370 - R6 720 On Standard Select:	*Ranges from R5 330 - R11 720 *Ranges from R2 240 - R5 040 On Primary Select:			
including virtual care consultations (*based on family size)			N/A			Nomination of 2 network GPs applies 2 non-nominated network GP visits allowed per family per year Consultations with non-network GPs are limited to PMBs	Nomination of 2 network GPs applies 2 non-nominated network GP visits allowed per family per year Consultations with non-network GPs are limited to PMBs			
Sublimits for acute and over-the- counter medicine benefit (*based on family size) Sublimits for X-rays & blood tests						*Ranges from R3 370 - R6 720 Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family *Ranges from R3 370 - R6 720	*Ranges from R1 680 - R3 370 Over-the-counter medicine is limited to: R535 per beneficiary R2 130 per family *Ranges from R2 240 - R3 370			
Sublimits for auxiliary services benefit (*based on family size)			ноѕ	PITAL BENEFITS (pre-autho	orisation required)	*Ranges from R3 370 - R6 720	*Ranges from R2 240 - R3 370			
Hospital cover GP and specialist consultations (network doctors covered in full at the	Unlimited Unlimited Specialist covered at 150%, GP covered at 100% of the			etwork applies	Unli 100% of the	Unlimited, network applies				
Blood tests and X-rays MRIs and CT scans	Bonitas Rate R38 470 per family in and	R37 800 per family		per family	Jnlimited, 100% of the Bonitas R	R15 960 per family in and out-of-hospital				
Co-payment per scan event unless PMB	out-of-hospital R67 640 for internal prosthesis per family	in and out-of-hospital		-of-hospital R41 070 per family		R34 020 per family in and out-of-hospital 860	R2 240			
Internal and external prostheses Internal nerve stimulators	R67 640 for external prosthesis per family R203 200 per family	R71 190 per family R362 100 per family	R57 630 per family	(internal only)	PMB only	R57 630 per family R215 800 per family N/A	PMB only N/A			
Cochlear implants Mental health hospitalisation Sublimit of hospitalisation for mental health consultations per family (in or aut of hospital)	R341 000 per family R59 920 per family	R52 670 per family	per family	R41 190 per family	PMB only	R51 900 per family R20 310 per family	R19 060 per family R12 230 per family			
out-of-hospital) Take-home medicine Physical rehabilitation	Limited to a 7-day supply up to R670 per hospital stay R60 900 per family	Limited to a 7-day supply up to R605 per hospital stay	Limited to a 7-day supply up to R535 per hospital stay		up to R500 per hospital stay	Limited to a 7-day supply up to R605 per hospital stay	Limited to a 7-day supply up to R470 per hospital stay R60 900 per family			
Alternatives to hospital (hospice, step-down facilities) Palliative care (cancer only)	R20 310 per family Unlimited for PMBs	Unlimited for PMBs		R21 57() per family Unlimited, subject to the DSP		R20 310 per family			
Cancer treatment (30% co-payment applies at non-DSP)	R448 200 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	R336 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 R280 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a	R224 100 per family for non-	ed for PMBs PMBs (Paid at 80% at a DSP and P once limit is reached)	Unlimited for PMBs R280 100 per family for non-PMBs (Paid at 80% at a DSP and				
Non-cancer specialised drugs	R448 200 of this can be used for specialised drugs (including biological drugs)	R157 800 of this can be used for specialised drugs (including biological drugs)	non-DSP, once limit is reached)	no cover at a non-DS	SP, once limit is reached)	no cover at a non-DSP, once limit is reached)	and no cover at a non-DSP, once limit is reached)			
(including biological drugs) Organ transplants Kidney dialysis HIV/AIDS	R247 400 per family				PME a DSP or 20% co-payment applie f, if you register on the HIV/AIDS		PMB only			
Day surgery procedures (applies to selected procedures)			al or a R2 720 co-payment will a		You must use a network day hospital or a R5 440 co-payment will apply	You must use a network day hospital or a R2 720 hospital or a R5 440 co-payment will apply Co-payment applies for hip and knee replacements at a	You must use a network day hospital or a R2 720 co-payment will apply You must use a network day hospital or a R5 440 co-payment will apply			
Co-payments for certain procedures	Co-payment app Co-paymer	lies for hip and knee replaceme It applies for cataract surgery a	ents at a non-DSP t a non-DSP	OUT-OF-HOSPITAL BI	Yes E NEFITS	non-DSP Co-payment applies for cataract surgery at a non-DSP	Yes			
GP consultations (including virtual care consultations)	Paid from available savings and/or above threshold	Paid from available savings		Paid from available savings Additional benefit for GP consultations when savings are finished (limited to 1 per beneficiary, maximum 2 per family) paid at the Bonitas Rate Paid from available savings		Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached	Paid from available GP & specialist benefit sublimit 1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached			
Specialist consultations X-rays and ultrasounds Blood tests	benefit	Paid from available savings R4 060 per beneficiary R8 980 per family (Combined benefit)				2 Additional network specialist consultations Paid from available X-rays a	1 Additional network specialist consultation ad blood tests benefit sublimit			
Acute medicine 20% co-payment for non-DSP/ non-formulary use Over-the-counter medicine	Paid from available savings and/or above threshold benefit Medicine limited to		Paid from available savings and/or above threshold benefit			Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to:	Paid from available acute and over-the-counter medicine benefit sublimit Over-the-counter medicine is limited to:			
20% co-payment for non-DSP/ non-formulary use Allied medical professionals (such as dietician, speech and	R17 850 per family above threshold Paid from available savings	Paid from available savings				R895 per beneficiary R2 800 per family	R565 per beneficiary R2 240 per family			
Occupational therapist) Physiotherapy, podiatry and biokinetics	and/or above threshold benefit					Paid from available auxili Subject to the available overall day-to-day limit	ary services benefit sublimit Subject to the available overall day-to-day limit			
General medical appliances	Paid from available savings 2 emergency consultations p	per family at a casualty ward or hospital	emergency room facility of a			R8 550 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols Note: CPAP machines subject to Managed Care protocols nsultations per family at a casualty ward or emergency room facility of a hospital s at a casualty ward or emergency room facility of a hospital for children under the age of 6				
Emergency room benefit (NEW) (For emergencies only)	If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit	If it is not classified as an emergency, it will be paid from available savings	If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit		emergency, it will be paid from ale savings		d from available GP & specialist day-to-day benefit			
Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)	R89 420 per family eve	ry 5 years (Consumables limited	T		N/A	R89 420 per family every 5 years (Consumables limited to R89 420 per family)	N/A			
Blood pressure monitor (Subject to registration of chronic condition - hypertension)	Paid from ava R1 200 per fami	ily every 2 years	Paid from available savings and/or above threshold benefit R1 200 per family every 2 years		N/A	Subject to the general medical appliances benefit R1 200 per family every 2 years	N/A			
Audiology (Hearing aids, consultations and tests)	R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		N/A	R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim) All tests and consultations limited to the Audiology Benefit	N/A			
Optometry (once every 2 years)	All tests and consultations lim Paid from available savings and/or above threshold benefit, limited to R4 053	ited to the Hearing Loss Manag a network provider Paid from Risk	Paid from available savings and/or above threshold	Paid from a	vailable savings	Management Programme and use of a network provider Paid from Risk	Paid from Risk			
Basic dentistry (Managed Care protocols apply)	per beneficiary Paid from available savings and/or above threshold	R6 155 per family, per year	benefit Covered at the Bonitas Dental Tariff, subject to the	Paid from a	vailable savings	Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme	Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider			
Specialised dentistry (Managed Care protocols apply)	benefit 60 chronic conditions R18 040 per beneficiary	R7 410 per family, per year Covered at the Bonitas Dental Tariff 47 chronic conditions R14 780 per beneficiary	Bonitas Dental Management Programme 32 chronic conditions		-	Covered at the Bonitas Dental Tariff 45 chronic conditions R12 530 per beneficiary R12 530 per beneficiary	Covered at 75% of the Bonitas Dental Tariff			
Chronic medicine (30% co-payment for non-DSP/ non-formulary use)	R15 040 per benenciary R35 920 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	R30 550 per family R30 550 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	Unlimited, subject to use of Bonitas Pharmacy Network and formulary	Unlimited, subject to	ic conditions use of DSP and formulary	R25 140 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary R12 530 per beneficiary R25 140 per family Unlimited for PMB, subject to use of DSP and formulary	28 chronic conditions Unlimited, subject to use of DSP and formulary			
Benefit Booster (Available when you complete a wellness screening) International travel	N/A	R2 070 p	per family	Up to R5 000 per family You mus	R1 440 per family	Up to R5 000 per family	Up to R3 800 per family			
(per trip) Private ward after delivery	Yes			Additional benefit for medical o	quarantine up to R10 000 per per E BENEFIT	en you travel outside South Africa son if tested positive for Covid-19 I/A				
Antenatal consultations 2D ultrasound scans Antenatal classes Amniocentesis	1	2 R1 580		6 R1 530	2 Paid from savings	12 R1 580	6 N/A			
Postnatal consultations (with a midwife) Antenatal vitamins (during pregnancy, subject to formulary)	Limited to R1 Paid from available sav		Limited to R195 per month Paid from available savings and/or above threshold	Limited to F	sed for a consultation with a lacta R195 per month avings or Benefit Booster	Limited to R	1195 per month the-counter benefit or Benefit Booster			
Hearing screening Vision screening Congenital hypothyroidism screening			benefit or Benefit Booster	For nev	wborns up to 8 weeks, in or out-o for newborns up to 6 weeks, in or Infants under 1 month old	· ·				
24/7 telephonic baby advice line Paediatric consultations for children under 1 year Paediatric consultations for children	3				For children under 3 years		1			
GP consultations for children between ages 2 and 12	2	N/A		1	D	2	1			
Childhood immunisations up to the age of 12 Dental fissure sealants	According to th	ne Private Vaccination schedule		Sout	Programme on Immunisation in the Africa ellness benefits for all life stage the decay on permanent teeth for		According to the Expanded Programme on Immunisation in South Africa			
HIV test and counselling per beneficiary Flu vaccine per beneficiary Full lipogram every 5 years, members				· 	1					
aged 20 and over Mammogram every 2 years, women over 40		1			N/A 1	1	N/A			
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69					1					
Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members					1					
Whooping cough booster vaccine every 10 years, members between ages 7 and Human Papillomavirus (HPV) vaccines,		1			N/A	1	N/A			
female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15					3					
and 26 Bone density screening every 5 years, women aged 65 and men aged 70 and over	1	L				N/A				
Free online hearing screening, beneficiaries aged 18 and over Contraceptives (per family for women aged up to 50)	R2 050	R2 050 a	t the DSP	R	Unlimited	R2 050 R2 050 at the DSP	R1 970 R1 970 at the DSP			
Wellness screening per beneficiary,	PMB = Prescribed Minimum B	enefits			1	. I	. <u>I</u>			

	Hospital Standard	BonEssential	BonEssential Select			
	Main: R3 252	Main: R2 509	Main: R2 192			
Monthly contributions	Adult: R2 739	Adult: R1 854	Adult: R1 606			
(4th and subsequent children covered free)	Child: R1 236	Child: R811	Child: R723			
н	OSPITAL BENEFITS (pre-authorisation	required)				
Hospital cover	Unlimited, network applies	Unlimited	Unlimited, network applies			
GP and specialist consultations		Unlimited, 100% of the Bonitas Rate				
Blood tests and X-rays		Т				
MRIs and CT scans (in and out-of-hospital)	R32 040 per family R2 800 co-payment per scan event except for PMB		per family scan event except for PMB			
Internal prosthesis (no cover for joint replacements or back and neck surgery)	R54 270 per family		3 only			
External prostheses Mental health hospitalisation		PMB only R38 780 per family				
Take-home medicine	Limited to a 7-day supply up to R575	· · · ·	up to R470 per hospital stay			
	per hospital stay					
Physical rehabilitation Alternatives to hospital (hospice, step-down facilities)		R60 900 per family R20 310 per family				
Palliative care (cancer only)		Unlimited, subject to the DSP				
Cancer treatment (30% co-payment applies at a non-DSP)	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)	ed for PMBs family for non-PMBs a DSP and no cover at Unlimited for PMBs at a DSP				
Organ transplants	Unlimited at a DSP	PMB onl	y at a DSP			
Kidney dialysis		d at a DSP or 20% co-payment applies at				
HIV/AIDS	Unlim	ited, if you register on the HIV/AIDS prog				
Day surgery procedures (applies to selected procedures)	You must use a network day hospit	al or a R2 720 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply			
Co-payments for certain procedures		Yes				
Chronic medicine (30% co-payment for non-DSP/non-formulary use)		Unlimited for PMB at the DSP				
	OUT-OF-HOSPITAL BENEFITS					
	2 emergency consultations	per family at a casualty ward or emerger	ncy room facility of a hospital			
ADDIT	 IONAL BENEFITS (in addition to your	other benefits)				
Benefit Booster (Available when you complete a wellness screening)	N/A	R1 160 per family				
International travel benefit (per trip)	Up to R2.5 million cover per	nust register for this benefit prior to dep family for medical emergencies when yc al quarantine up to R10 000 per person i	ou travel outside South Africa			
Antenatal consultations	TILK & CITIED BENEFIT (Materinity - pr	6				
2D ultrasound scans		2				
Amniocentesis		1				
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with a lactation specialist)					
Antenatal vitamins (during pregnancy, subject to formulary)	N/A		195 per month lle Benefit Booster			
	MOTHER & CHILD BENEFIT (Child	care)				
Hearing screening		newborns up to 8 weeks, in or out-of-hos				
Vision screening Congenital hypothyroidism screening	2 screenings for newborns up to 6 weeks, in or out-of-hospital For infants under 1 month old					
24/7 telephonic baby advice line		For children under 3 years				
Paediatric consultations for children under 1 year						
r dedictive consumations for children under 2 year	2	N	I/A			
Paediatric consultations for children between ages 1 and 2	1		I/A I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12	1	1	•			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI	1 EFIT (Preventative care and wellness b	1 enefits for all life stages)	I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants	1 EFIT (Preventative care and wellness b	1	I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENE Dental fissure sealants HIV test and counselling per beneficiary	1 EFIT (Preventative care and wellness b	1 enefits for all life stages) ears to prevent tooth decay on permane	I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary	1 EFIT (Preventative care and wellness b	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1	I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENT Dental fissure sealants HIV test and counselling per beneficiary	1 EFIT (Preventative care and wellness b	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1 1	I/A			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENT Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years,	1 EFIT (Preventative care and wellness b One per tooth once every 3 y	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1 1	nt teeth for children under 16			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and	1 EFIT (Preventative care and wellness b One per tooth once every 3 y	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1 1 1 1 (including the cost	nt teeth for children under 16			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69 Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members between ages 45 and 75	1 One per tooth once every 3 y	1 enefits for all life stages) rears to prevent tooth decay on permane 1 1 1 1 1 (including the cost	nt teeth for children under 16			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69 Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members between ages 45 and 75 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	1 One per tooth once every 3 y	1 enefits for all life stages) rears to prevent tooth decay on permane 1 1 1 1 1 1(including the cost	nt teeth for children under 16			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69 Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members between ages 45 and 75 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	1 One per tooth once every 3 y	1 enefits for all life stages) rears to prevent tooth decay on permane 1 1 1 1 1 1(including the cost) 1 1	nt teeth for children under 16			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENI Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69 Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members between ages 45 and 75 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 Free online hearing screening, beneficiaries aged 18 and over	1 One per tooth once every 3 y 1	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1 1 1 1 1 1 1 2 Unlimited	nt teeth for children under 16 of the GP or nurse visit)			
Paediatric consultations for children between ages 1 and 2 GP consultations for children between ages 2 and 12 BE BETTER BENE Dental fissure sealants HIV test and counselling per beneficiary Flu vaccine per beneficiary Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65 Prostate screening antigen test, men between ages 55 and 69 Pneumococcal vaccine every 5 years, members aged 65 and over Stool test for colon cancer, members between ages 45 and 75 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 Free online hearing screening, beneficiaries aged 18 and	1 One per tooth once every 3 y	1 enefits for all life stages) ears to prevent tooth decay on permane 1 1 1 1 1 1 1 1 2 Unlimited	nt teeth for children under 16			

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					пСар			
Subject to income verification	R0 to R11			to R18 250	R18 251 to		R23 741 +	
Manakha anasihasi an	Main:	R1 554	Main:	R1 897	Main:	R3 058	Main:	R3 753
Monthly contributions	Adult: Child:	R1 554 R732	Adult: Child:	R1 897 R872	Adult: Child:	R3 058 R1 157	Adult: Child:	R3 753
HOSDITAL		(pre-authorisa			ciiid.	112 137	oma.	HI TET
Hospital cover	DENEFITS	(pre-authorisa	lion requi		ed at a DSP			
GP and specialist consultations			Halia			Dan Can Data		
(network doctors covered in full at negotiated rates)	Unlimited, covered at 100% of the BonCap Rate Non-network specialists and GPs are covered at 70% of the BonCap Rate							
Blood tests and X-rays			X-r:	Blood tests R3				
MRIs and CT scans	X-rays unlimited, 100% of the BonCap Rate R14 250 per family, R1 230 co-payment per scan event, except for PMB							
Internal and external prostheses	PMB only at a DSP							
Mental health hospitalisation				PMB on 30% co-payment	y at a DSP	n-DSP		
Take-home medicine			Limited	. ,	• • • • • • • • • • • • • • • • • • • •			
Physical rehabilitation	Limited to a 7-day supply up to R470 per hospital stay R60 900 per family							
Alternatives to hospital (hospice, step-down facilities)	R17 550 per family							
Palliative care (cancer only)	Unlimited, subject to the DSP							
Cancer treatment			PMB only a	at a DSP (30% co-		lies at a non-DSP)	
Organ transplants					y at a DSP			,
Kidney dialysis HIV/AIDS				0% co-payment a ubject to registrat				s)
				abject to registrat	ion on the H	rv/Aib3 programi	ne .	
	OUT-OF-HO	OSPITAL BENEF	ITS					
Network GP consultations including virtual care consultations (GP nomination applies)		Unli		ng a maximum of re-authorisation r			GPs	
Non-network GP consultations	1 out-of	network consult	ation per b	eneficiary, maxim 30% co-payment	num 2 consult applies, unle	tations per family ss PMB	y, limited to	R400 per visit
Network specialist consultations (this benefit includes acute medicine, blood tests, X-rays, MRIs and CT scans)	Maximum of 3 visits limited to R3 900 per beneficiary or a maximum of 5 visits limited to R5 800 per family Subject to the BonCap Specialist network and referral from a BonCap network GP Pre-authorisation required (including MRIs and CT scans)							
GP-referred acute medicine, X-rays and blood tests (*based on family size)	*Ranges from R2 300 - R5 570 Subject to the applicable formularies and pharmacy and pathology networks For acute medicine and blood tests: 20% co-payment applies at non-DSP							
Over-the-counter medicine	R115 per event, R330 per beneficiary per year Subject to the BonCap DSP network and medicine formulary							
Allied medical professionals (such as dietician, speech and occupational therapist)	PMB only							
General medical appliances (Managed Care protocols apply)	R7 090 per family							
Optometry (once every 2 years)	Managed Care protocols apply							
Basic dentistry	Managed Care protocols apply							
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a 30% co-payment will apply							
Chronic benefits	28 chronic conditions Unlimited, subject to use of DSP and formulary Subject to nomination of a network GP for management of chronic conditions							
	CHILD	CARE BENEFIT						
Hearing screening			New	borns up to 8 wee	eks, in or out-	of-hospital		
Congenital hypothyroidism screening				Infants und	er 1 month ol	d		
24/7 telephonic baby advice line					under 3 year			
Childhood immunisations up to the age of 12		Accord	ng to the I	Expanded Progran	nme on Immi	unisation in Sout	h Africa	
BE BETTER BENEFIT (Pre	ventative o	care and wellne	ss benefit	s for all life stag	ges)			
Dental fissure sealants	One	e per tooth once e	very 3 yea	rs to prevent too	th decay on p	ermanent teeth	for children	under 16
HIV test and counselling per beneficiary					1			
Flu vaccine per beneficiary					1			
Mammogram and ultrasound every 2 years, women over 40					1			
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65					1			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14					2			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26					3			
Prostate screening antigen test, men between ages 55 and 69					1			
Pneumococcal vaccine every 5 years, members aged 65 and over					1			
Stool test for colon cancer, members between ages 45 and 75					1			
Contraceptives (per family for women aged up to 50)			R1 330 at	the DSP (40% co-	payment app	olies at non-DSP)		
Wellness screening per beneficiary, aged 21 and over (Blood pressure, glucose, cholesterol, Body Mass Index and waist-to-hip ratio)					1			

	BonStart			BonStart	t Plus		
	Main: F	R1 498		Main:	R1 907		
Monthly contributions	Adult: F	R1 498		Adult:	R1 813		
	_	R1 498		Child:	R840		
	НС	SPITAL BENEFITS (pre-authorisation required)				
Hospital cover			Unlimited at the appli	icable hospital	l network		
·	R1 780	co-payment per admission	on, except for PMB emergencies	R1 1	.90 co-payment per admission, e	except for PMB emergencies	
GP and specialist consultations			Unlimited, 100% o	of the Bonitas	Rate		
Blood tests and X-rays	В	lood tests limited to R30 X-rays unlimited, 1009	880 per family unless PMB % of the Bonitas Rate		Blood tests unlimited, 100% X-rays unlimited, 100% of		
MRIs and CT scans	R14 090		2 800 co-payment per scan event)	R19 13	30 per family unless PMB (R2 24		
Allied medical professionals							
(such as dietician, speech and occupational therapy)			PME	3 only			
Physiotherapy and biokinetics							
Childbirth		Natural	birth: Unlimited at the applicable hospit	al network (En	mergency approved C-sections o	nly)	
Neonatal care			Limited to R55 080 per	family, except for PMB			
Internal and external prostheses		PMB	only	Internal: R	Internal: R19 130 per family (no cover for joint replacement except for PMB) External: PMB only		
Mental health hospitalisation			PMB only	y at a DSP		,	
Take-home medicine			Limited to a 7-day supply ι	up to R465 per	r hospital stay		
Physical rehabilitation			R60 210	per family			
Alternatives to hospital (hospice, step-down facilities)		R17 340 p	per family		R20 090 per f	amily	
Palliative care (cancer only)			Unlimited, sub	l pject to the DS	· .	,	
Dentistry				3 only			
Cancer treatment			,				
Organ transplants	i		PMB only, at a DSP or a	30% co-payme	ent applies		
Kidney dialysis	i		, aca 551 01 a.	- Payme	O 22		
HIV/AIDS			Unlimited, if you register o	on the HIV/AID	OS programme		
1111/1123		OUT-OF-HO	OSPITAL BENEFITS		o programme		
	Unlimit		ions, R125 co-payment per visit	Unli	imited Network GP consultation	s R70 co-payment per visit	
GP consultations		Pre-authorisation re		0	Pre-authorisation require		
Virtual Care GP and Nurse consultations			Unlir	mited			
Emergency room benefit (for emergencies only)		2 emerg	ency consultations per family at a casua	alty ward or em	nergency room facility of a hosp	ital	
GP-referred acute medicine, X-rays and blood tests		Limited to R1	780 per family		Limited to R3 320	per family	
(combined benefit & subject to the applicable formulary)		Acute	medicine: 20% co-payment per script, 4	0% co-paymer	nt for non-DSP/non-formulary u	se	
Specialist consultations		visit per family up to R1 320	R265 co-payment per visit	Limited t	to 2 visits per family up to R2 380	R125 co-payment per visit	
(subject to GP referral and applicable formulary)			cute medicine, basic radiology, specialise	 ed radiology ar		specialist	
	ı		, R545 per family per year	1	Limited to R175 per event, R8	·	
Over-the-counter medicine		· · · · · · · · · · · · · · · · · · ·	ng a Bonitas Network Pharmacy, med	licine that is o	· · · · · · · · · · · · · · · · · · ·		
General medical appliances		PMB	only		R6 600 per fa	amily	
Optometry		1 eye test per benefici	ary, R110 co-payment		1 eye test per beneficiary,	R110 co-payment	
Basic dentistry		1 consultation per benef	nciary, R125 co-payment		1 consultation per beneficia	ary, R70 co-payment	
Physiotherapy	2 consultations per beneficiary for sport-related injuries, R125 co-payment			4 consult	ations per beneficiary for sport-	related injuries, R70 co-payment	
Mental health			PMB only, subje	ect to use of D	SP		
Day surgery procedures (applies to selected procedures)			You must use a network day hospit	tal or a R12 68	0 co-payment applies		
Co-payments for certain procedures			Y	'es			
Chronic medicine	Unlimited for PMB, subject to use of DSP (30% co-payment for non-DSP/non-formulary use)						
		ADDITIO	DNAL BENEFITS				
Benefit Booster (Available when you complete a wellness	R1 160 per family						
screening)	K1 160 per tamily						
International travel benefit (per trip)	Up to R2.	5 million cover per family	for medical emergencies when you trav	el outside Sou	th Africa (You must register for	this benefit prior to departure)	
		MOTHER & C	HILD CARE BENEFIT				
Antenatal consultations					6		
2D ultrasound scans		No be	enefit		2		
Amniocentesis					1		
Postnatal consultations (with a midwife)				4 (1	1 can be used for a consultation	with a lactation specialist)	
Antenatal vitamins (during pregnancy, subject to formulary)		Limited to R1 Paid from availabl			Limited to R195 p Paid from available Be		
Hearing screening		N/	/A		For newborns up to 8 weeks,	in or out-of-hospital	
Vision screening			2 screenings for newborns up t	to 6 weeks, in o	or out-of-hospital		
Congenital hypothyroidism screening	i —	N/		1,	Infants under 1 m	nonth old	
24/7 telephonic baby advice line				under 3 years			
Childhood immunisations up to the age of 12		N/	/A	Accordin	ng to the Expanded Programme	on Immunisation in South Africa	
	BE BETTER BE		are and wellness benefits for all life				
Dental fissure sealants			To prevent tooth decay on perma		or children under 16		
HIV test per beneficiary							
Flu vaccine per beneficiary	i						
Mammogram every 2 years, women over 40	i			1			
	i						
Pap smear every 3 years or 1 HPV PCR test every 5 years,							
women between ages 21 and 65							
women between ages 21 and 65 Human Papillomavirus (HPV) vaccines, female				2			
women between ages 21 and 65 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14							
women between ages 21 and 65 Human Papillomavirus (HPV) vaccines, female				3			
women between ages 21 and 65 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female		R12			R1 540		
women between ages 21 and 65 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 Contraceptives (per family for women aged up to 50) Wellness screening per beneficiary, aged 21 and over	escribed Minim		270		R1 540		

Ponitas

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