

| | BonComprehensive | BonClassic | BonComplete | BonSave | BonFit Select | 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 | | | | | | | | |
| Overall day-to-day limit subject to below sublimits (*based on family size) | | | | | | *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: | | | |
| Sublimits for GP & specialist benefit 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 R1 680 - R3 370 Over-the-counter medicine is limited to: R535 per beneficiary R2 130 per family | | | |
| benefit (*based on family size) Sublimits for auxiliary services benefit (*based on family size) | | | | | | *Ranges from R3 370 - R6 720 *Ranges from R3 370 - R6 720 | *Ranges from R2 240 - R3 370 *Ranges from R2 240 - R3 370 | | | |
| Hospital cover GP and specialist consultations | Unlimited Unlimited Specialist covered at 150%, | | | PITAL BENEFITS (pre-autho | orisation required) | Unlimited, network applies | | | | |
| (network doctors covered in full at the Bonitas Rate) Blood tests and X-rays | GP covered at 100% of the Bonitas Rate | D27 000 xxx (xxx 1/x | P20 / 20 | | 100% of the Julimited, 100% of the Bonitas R | | | | | |
| MRIs and CT scans Co-payment per scan event unless PMB | R38 470 per family in and out-of-hospital | R37 800 per family in and out-of-hospital R2 800 | | per family -of-hospital | R20 550 per family in hospital | R34 020 per family in and out-of-hospital 860 | R15 960 per family in and out-of-hospital R2 240 | | | |
| Internal and external prostheses Internal nerve stimulators | prosthesis per family R67 640 for external prosthesis per family R203 200 per family | R71 190 per family | R57 630 per family | R41 070 per family (internal only) | PMB only | R57 630 per family R215 800 per family | PMB only N/A | | | |
| Cochlear implants Mental health hospitalisation Sublimit of hospitalisation for mental | R341 000 per family R59 920 per family | R362 100 per family R52 670 per family | | R41 190 per family | | N/A R51 900 per family | R19 060 per family | | | |
| health consultations per family (in or out-of-hospital) Take-home medicine | Limited to a 7-day supply up to R670 per hospital stay | R20 310 Limited to a 7-day supply up to R605 per hospital stay | per family Limited to a 7-day supply up to R535 per hospital stay | Limited to a 7-day supply | PMB only up to R500 per hospital stay | R20 310 per family Limited to a 7-day supply up to R605 per hospital stay | R12 230 per family Limited to a 7-day supply up to R470 per hospital stay | | | |
| Physical rehabilitation Alternatives to hospital (hospice, step-down facilities) Palliative care (cancer only) | R60 900 per family R20 310 per family | | | |) per family) per family Unlimited, subject to the DSP | | R60 900 per family R20 310 per family | | | |
| Cancer treatment | Unlimited for PMBs R448 200 per family for non-PMBs (Paid at 80% at a DSP and no cover at a | Unlimited for PMBs R336 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a | Unlimited for PMBs R280 100 per family for | Unlimite | ed for PMBs | Unlimited for PMBs | Unlimited for PMBs | | | |
| (30% co-payment applies at non-DSP) | non-DSP, once limit is reached) R448 200 of this can be used for specialised drugs (including biological drugs) | non-DSP, once limit is reached) R157 800 of this can be used for specialised drugs (including biological drugs) | non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) | | PMBs (Paid at 80% at a DSP and P, once limit is reached) | R280 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) | R224 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) | | | |
| Non-cancer specialised drugs (including biological drugs) Organ transplants Kidney dialysis | R247 400 per family | ui ugo) | | Unlimited Unlimited at | | 3 only | PMB only | | | |
| HIV/AIDS Day surgery procedures (applies to selected procedures) | You | must use a network day hospit | al or a R2 720 co-payment will a | Unlimited | a DSP or 20% co-payment applied, if you register on the HIV/AIDS You must use a network day hospital or a R5 440 co-payment will apply | | hospital or a R2 720 hospital or a R5 440 | | | |
| Co-payments for certain procedures | Co-payment app Co-paymer | olies for hip and knee replacement applies for cataract surgery a | nts at a non-DSP t a non-DSP | | Yes | Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP | co-payment will apply co-payment will apply Yes | | | |
| GP consultations (including virtual care consultations) | | Paid from available savings | | Additional benefit for GP of finished (limited to 1 per ber | vailable savings onsultations when savings are neficiary, maximum 2 per family) | Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the | | | | |
| Specialist consultations X-rays and ultrasounds | Paid from available savings and/or above threshold benefit | Paid from available savings | | paid at the Bonitas Rate | | GP & specialist consultations sublimit is reached 2 Additional network specialist consultations | GP & specialist consultations sublimit is reached 1 Additional network specialist consultation | | | |
| Acute medicine 20% co-payment for non-DSP/ non-formulary use | Paid from available savings and/or above threshold benefit | R8 980 per family (Combined benefit) | Paid from available savings | | | Paid from available X-rays a Paid from available acute and over-the-counter medicine benefit sublimit | Paid from available acute and over-the-counter medicine benefit sublimit | | | |
| Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use | Medicine limited to R17 850 per family above threshold | | and/or above threshold benefit | Paid from available savings | | Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family | Over-the-counter medicine is limited to: R565 per beneficiary R2 240 per family | | | |
| Allied medical professionals (such as dietician, speech and occupational therapist) Physiotherapy, podiatry and biokinetics | Paid from available savings and/or above threshold benefit | Paid from available savings | | | | Paid from available auxili | ry services benefit sublimit | | | |
| General medical appliances | Paid from available savings | | | | | Subject to the available overall day-to-day limit 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 Note: CPAP machines subject to Managed Care protocols | | | | |
| Emergency room benefit (NEW) (For emergencies only) | 2 emergency consultations pureling in the second of the se | per family at a casualty ward or hospital If it is not classified as an emergency, it will be paid | emergency room facility of a If it is not classified as an emergency, it will be paid | If it is not classified as an e | | nsultations per family at a casualty ward or emergency room facility of a hospital fo | or children under the age of 6 | | | |
| Insulin pump or continuous glucose monitor (Limited to one device per type | from available savings and/ or above threshold benefit R89 420 per family eve | from available savings ry 5 years (Consumables limited | from available savings and/ or above threshold benefit to R89 420 per family) | | ole savings N/A | If it is not classified as an emergency, it will be particle. R89 420 per family every 5 years (Consumables limited to R89 420 per family) | N/A | | | |
| 1 diabetic for beneficiaries younger than 18) Blood pressure monitor (Subject to registration of chronic | Paid from ava R1 200 per fami | | Paid from available savings and/or above threshold benefit | | N/A | Subject to the general medical appliances benefit R1 200 per family every 2 years | N/A | | | |
| condition - hypertension) | R10 900 per device (maximum two devices per beneficiary), once every 3 | R9 700 per device (maximum two devices per beneficiary), once every 3 years (based | R1 200 per family every 2 years R9 700 per device (maximum two devices per beneficiary), once every 3 years (based | | | R9 100 per device (maximum two devices per family), once | , | | | |
| Audiology (Hearing aids, consultations and tests) | years (based on the date of your previous claim) | on the date of your previous claim) nited to the Hearing Loss Manag a network provider | on the date of your previous claim) | | N/A | every 3 years (based on the date of your previous claim) All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider | N/A | | | |
| Optometry (once every 2 years) | Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary | Paid from Risk | Paid from available savings and/or above threshold benefit | Paid from a | vailable savings | Paid from Risk | Paid from Risk | | | |
| Basic dentistry (Managed Care protocols apply) Specialised dentistry (Managed Care protocols apply) | Paid from available savings - and/or above threshold benefit | R6 155 per family, per year R7 410 per family, per year Covered at the Bonitas Dental Tariff | Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme | Paid from a | vailable savings | Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme Covered at the Bonitas Dental Tariff | Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider Covered at 75% of the Bonitas Dental Tariff | | | |
| Chronic medicine (30% co-payment for non-DSP/ | 60 chronic conditions R18 040 per beneficiary R35 920 per family Unlimited for PMB, subject | Dental Tariff 47 chronic conditions R14 780 per beneficiary R30 550 per family Unlimited for PMB, subject | 32 chronic conditions Unlimited, subject to use of Bonitas Pharmacy Network | I . | ic conditions use of DSP and formulary | 45 chronic conditions R12 530 per beneficiary R25 140 per family Unlimited for PMB, subject Unlimited for PMB, subject | 28 chronic conditions | | | |
| non-formulary use) Benefit Booster (Available when you | to use of Bonitas Pharmacy Network and formulary | to use of Bonitas Pharmacy Network and formulary | and formulary ADDITIONAL B | ENEFITS (in addition to savi | ings and day-to-day benefits) | to use of Bonitas Pharmacy Network and formulary Unlimited for PMB, Subject to use of DSP and formulary | Unlimited, subject to use of DSP and formulary | | | |
| complete a wellness screening) International travel (per trip) | N/A | R2 070 p | | Up to R2.5 million cover per far Additional benefit for medical o | quarantine up to R10 000 per per | Up to R5 000 per family departure en you travel outside South Africa son if tested positive for Covid-19 | Up to R3 800 per family | | | |
| Private ward after delivery Antenatal consultations 2D ultrasound scans | Yes 1 | 2 | | MOTHER & CHILD CAR | | I/A 12 | 6 | | | |
| 2D ultrasound scans Antenatal classes Amniocentesis Postnatal consultations (with a midwife) | | R1 580 | | R1 530 4 (1 can be us | Paid from savings 1 sed for a consultation with a lacta | R1 580 | N/A | | | |
| Antenatal vitamins (during pregnancy, subject to formulary) Hearing screening | Limited to R1 Paid from available sav | | Limited to R195 per month Paid from available savings and/or above threshold benefit or Benefit Booster | Limited to F Paid from available sa | R195 per month avings or Benefit Booster wborns up to 8 weeks, in or out-o | Limited to F Paid from available acute and over- | R195 per month the-counter benefit or Benefit Booster | | | |
| Vision screening Congenital hypothyroidism screening 24/7 telephonic baby advice line | | | | | for newborns up to 6 weeks, in or Infants under 1 month old For children under 3 years | · · · · · · · · · · · · · · · · · · · | | | | |
| Paediatric consultations for children under 1 year Paediatric consultations for children between ages 1 and 2 | 2 | N/A | | 1 | 2 | 2 | 1 | | | |
| GP consultations for children between ages 2 and 12 Childhood immunisations up to the age of 12 | 2 According to th | ne Private Vaccination schedule | in South Africa | | Programme on Immunisation in h Africa | 2 According to the Private Vaccination schedule in South Africa | 1 According to the Expanded Programme on Immunisation in South Africa | | | |
| Dental fissure sealants HIV test and counselling per beneficiary | | | BE BETTER BENEFI | T (Preventative care and we | ellness benefits for all life stag th decay on permanent teeth for 1 | ges) | | | | |
| Flu vaccine per beneficiary Full lipogram every 5 years, members aged 20 and over | | 1 | | | 1 1 N/A | 1 | N/A | | | |
| Mammogram every 2 years, women over 40 Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages | | | | | 1 | | | | | |
| 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 between ages 45 and 75 | | | | I | 1 | Ι | | | | |
| Whooping cough booster vaccine every 10 years, members between ages 7 and Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 | | 1 | | N/A 2 | | 1 | N/A | | | |
| And 14 Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 | | | | | 3 | | | | | |
| Bone density screening every 5 years, women aged 65 and men aged 70 and over Free online hearing screening, | 1 | 1 | | | ************************************** | N/A | | | | |
| beneficiaries aged 18 and over Contraceptives (per family for women aged up to 50) | R2 050 | R2 050 a | t the DSP | R | Unlimited 1 970 | R2 050 R2 050 at the DSP | R1 970 R1 970 at the DSP | | | |
| Wellness screening per beneficiary, | PMB = Prescribed Minimum Bo | enefits | | | 1 | | | | | |

| | Hospital Standard | BonEssential | BonEssential Select | | | | |
|---|--|--|--|--|--|--|--|
| Monthly contributions | Main: R3 252 | Main: R2 509 | Main: R2 192 | | | | |
| (4th and subsequent children covered free) | Adult: R2 739 Child: R1 236 | Adult: R1 854 Child: R811 | Adult: R1 606 Child: R723 | | | | |
| H | OSPITAL BENEFITS (pre-authorisation | | Child: R723 | | | | |
| Hospital cover | Unlimited, network applies | Unlimited | Unlimited, network applies | | | | |
| GP and specialist consultations | | | | | | | |
| Blood tests and X-rays | | Unlimited, 100% of the Bonitas Rate | | | | | |
| MRIs and CT scans (in and out-of-hospital) | R32 040 per family R2 800 co-payment per scan event except for PMB | R15 960 per family R2 800 co-payment per scan event except for PMB | | | | | |
| Internal prosthesis (no cover for joint replacements or back and neck surgery) | R54 270 per family | PMB only | | | | | |
| External prostheses | | PMB only | | | | | |
| Mental health hospitalisation | R38 780 per family | | | | | | |
| Take-home medicine | Limited to a 7-day supply up to R575 per hospital stay Limited to a 7-day supply up to R470 per hospital stay | | | | | | |
| Physical rehabilitation | | R60 900 per family | | | | | |
| Alternatives to hospital (hospice, step-down facilities) | | 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) | Unlimited for | PMBs at a DSP | | | | |
| Organ transplants | Unlimited at a DSP | l | 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 | | | | | |
| (307) to payment for non-barynon formulary use) | OUT-OF-HOSPITAL BENEFITS | | | | | | |
| Emergency room benefit (For emergencies only) | | per family at a casualty ward or emerger | acy room facility of a hospital | | | | |
| | ONAL BENEFITS (in addition to your | | icy room racinty of a nospital | | | | |
| Benefit Booster (Available when you complete a wellness screening) | N/A | R1 160 per family | | | | | |
| International travel benefit (per trip) | You must register for this benefit prior to departure ternational travel benefit (per trip) 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 person if tested positive for Covid-19 | | | | | | |
| МОТН | - IER & CHILD BENEFIT (Maternity – p | er pregnancy) | | | | | |
| Antenatal consultations | | 6 | | | | | |
| 2D ultrasound scans | | 2 | | | | | |
| Amniocentesis Postnatal consultations (with a midwife) | // (1 can b | 1 | a chacialist) | | | | |
| | 4 (1 can be used for a consultation with a lactation specialist) Limited to R195 per month | | | | | | |
| Antenatal vitamins (during pregnancy, subject to formulary) | Paid from available Benefit Booster | | | | | | |
| | MOTHER & CHILD BENEFIT (Child | | | | | | |
| 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 | 2 | , , , , , , , , , , , , , , , , , , , | | | | | |
| Paediatric consultations for children between ages 1 and 2 | 1 | N | N/A | | | | |
| GP consultations for children between ages 2 and 12 | | 1 | | | | | |
| BE BETTER BENE | FIT (Preventative care and wellness b | enefits for all life stages) | | | | | |
| Dental fissure sealants | One per tooth once every 3 y | ears to prevent tooth decay on permane | nt teeth for children under 16 | | | | |
| HIV test and counselling per beneficiary | | 1 | | | | | |
| Flu vaccine per beneficiary | | 1 | | | | | |
| Mammogram 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 | 1 (including the cost of the GP or nurse visit) | | | | | |
| 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 | | | | | | |
| Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14 | | 2 | | | | | |
| Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26 | 3 | | | | | | |
| Free online hearing screening , beneficiaries aged 18 and over | Unlimited | | | | | | |
| Contraceptives (per family for women aged up to 50) | R2 050 at the DSP | R1 580 a | at the DSP | | | | |
| Wellness screening per beneficiary, aged 21 and over | | 1 | | | | | |
| | | | | | | | |

| | | | | Do. | nCon. | | | |
|---|---|--------------------|------------------|-------------------------------------|---|------------------------------|------------------|----------------|
| | | | | | 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 | | | ciiiiu. | KI 137 | eiiiiu. | N1 424 |
| Hospital cover | DENEFITS | (pre-authorisa | Lion requ | | ed at a DSP | | | |
| GP and specialist consultations | Unlimited, covered at 100% of the BonCap Rate | | | | | | | |
| (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 | Blood tests R31 230 per family X-rays unlimited, 100% of the BonCap Rate | | | | | | | |
| MRIs and CT scans | R14 250 per family, R1 230 co-payment per scan event, except for PMB | | | | | | | |
| Internal and external prostheses | | | · | PMB onl | y at a DSP | · · | | |
| Mental health hospitalisation | | | | PMB onl | y at a DSP applies at no | n-DSP | | |
| Take-home medicine | | | Limited | to a 7-day supply | • | | , | |
| Physical rehabilitation | | | | | per family | | | |
| Alternatives to hospital (hospice, step-down facilities) | | | | R17 550 | per family | | | |
| Palliative care (cancer only) | | | | Unlimited, sul | oject to the D |)SP | | |
| Cancer treatment | | | PMB only a | nt a DSP (30% co- | payment app | lies at a non-DSP |) | |
| Organ transplants | | | | | y at a DSP | | | |
| Kidney dialysis HIV/AIDS | | | | 0% co-payment a | | | | s) |
| niv/AiDS | | Ur | ilimitea, si | ubject to registrat | ion on the Hi | V/AIDS programi | me | |
| | OUT-OF-HO | OSPITAL BENEF | ITS | | | | | |
| Network GP consultations including virtual care consultations (GP nomination applies) | | Unli | | ng a maximum of re-authorisation re | | | 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 n | nust use a | network day hosp | | 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 unde | er 1 month ol | d | | |
| 24/7 telephonic baby advice line | | | | | under 3 year | | | |
| Childhood immunisations up to the age of 12 | | Accord | ing to the | Expanded Prograr | 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 | every 3 yea | rs to prevent tool | 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) | | | | | | | | |

| | BonStai | rt | | BonStart | t Plus | | |
|---|--|---------------------------------------|---|--|--|---|--|
| | Main: | R1 498 | | Main: | R1 907 | | |
| Monthly contributions | Adult: | R1 498 | | Adult: | R1 813 | | |
| | Child: | R1 498 | | Child: | R840 | | |
| | | HOSPITAL BENEFITS | (pre-authorisation required) | | | | |
| Hospital cover | | | Unlimited at the appli | icable hospital | l network | | |
| <u> </u> | R1 | 780 co-payment per admiss | ion, except for PMB emergencies | R1 1 | 190 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 | | | 0 880 per family unless PMB 0% of the Bonitas Rate | | Blood tests unlimited, 100% X-rays unlimited, 100% of | | |
| MRIs and CT scans | R14 | | R2 800 co-payment per scan event) | R19 1: | 30 per family unless PMB (R2 24 | | |
| Allied medical professionals | | | | | | | |
| (such as dietician, speech and occupational therapy) | | | PME | B only | | | |
| Physiotherapy and biokinetics | | | | | | | |
| Childbirth | Natural birth: Unlimited at the applicable hospital network (Emergency approved C-sections only) | | | | | | |
| Neonatal care | | | Limited to R55 080 per | | <u> </u> | | |
| Internal and external prostheses | | PME | B only | Internal: R: | 19 130 per family (no cover for j External: PMI | joint replacement except for PMB) B only | |
| Mental health hospitalisation | | | PMB onl | ly 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 | per family | R20 090 per family | | | |
| Palliative care (cancer only) | | | Unlimited, sub | ject to the DS | SP | | |
| Dentistry | | | PME | B only | | | |
| Cancer treatment | | | | | | | |
| Organ transplants | i | | PMB only, at a DSP or a | 30% co-payme | ent applies | | |
| Kidney dialysis | i | | , | , , | | | |
| HIV/AIDS | | | Unlimited, if you register o | on the HIV/AID |)S programme | | |
| | | OUT-OF-H | OSPITAL BENEFITS | | | | |
| GP consultations | Un | | ations, R125 co-payment per visit | Unli | imited Network GP consultation | | |
| | | Pre-authorisation re | equired from 6th visit | <u></u> | Pre-authorisation require | ed from 10th visit | |
| Virtual Care GP and Nurse consultations | | | Unlir | mited | | | |
| Emergency room benefit (for emergencies only) | | | rgency consultations per family at a casua | alty ward or em | nergency room facility of a hosp | pital | |
| 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) | | | e medicine: 20% co-payment per script, 4 | 0% co-paymer | nt for non-DSP/non-formulary u | se | |
| Specialist consultations | Limited t | to 1 visit per family up to R1 320 | R265 co-payment per visit | Limited to | to 2 visits per family up to R2 380 | R125 co-payment per visit | |
| (subject to GP referral and applicable formulary) | | Including all | acute medicine, basic radiology, specialise | ed radiology ar | nd pathology prescribed by the | specialist | |
| | | Limited to R110 per even | nt, R545 per family per year | T | Limited to R175 per event, R8 | 25 per family per year | |
| Over-the-counter medicine | Ava | oid a 20% co-payment by us | sing a Bonitas Network Pharmacy, med | licine that is o | on the formulary and completi | ng your wellness screening | |
| General medical appliances | | PME | B only | | R6 600 per fa | amily | |
| Optometry | | 1 eye test per benefic | ciary, R110 co-payment | <u> </u> | 1 eye test per beneficiary, | , R110 co-payment | |
| Basic dentistry | | 1 consultation per bene | eficiary, R125 co-payment | | 1 consultation per beneficia | ary, R70 co-payment | |
| Physiotherapy | 2 consul | tations per beneficiary for sp | port-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) | | | | | | |
| | ADDITIONAL BENEFITS | | | | | | |
| Benefit Booster (Available when you complete a wellness screening) | R1 160 per family | | | | | | |
| International travel benefit (per trip) | Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa (You must register for this benefit prior to departure) | | | | | | |
| international travel benefit (per trip) | Орто | | CHILD CARE BENEFIT | ei outside 30d | itii Airica (Tou must register Tor | this benefit prior to departure) | |
| Antenatal consultations | | MOTTLA | MILD CARL DEREFTI | | 6 | | |
| 2D ultrasound scans | i | | | - | | | |
| Amniocentesis | i | No b | enefit | | 2 | | |
| | | | | 1 4 (1 can be used for a consultation with a lactation specialist) | | | |
| Postnatal consultations (with a midwife) | | Limited to P | 195 per month | 4(1 | Limited to R195 p | · · · · · · · · · · · · · · · · · · · | |
| Antenatal vitamins (during pregnancy, subject to formulary) | | | ole Benefit Booster | | Paid from available Be | | |
| Hearing screening | | N | 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 | or out-of-hospital | | |
| Congenital hypothyroidism screening | | N | N/A | | Infants under 1 n | nonth old | |
| 24/7 telephonic baby advice line | <u></u> | | For children | under 3 years | | | |
| Childhood immunisations up to the age of 12 | | N | N/A | Accordin | ng to the Expanded Programme | on Immunisation in South Africa | |
| | BE BETTER | R BENEFIT (Preventative | care and wellness benefits for all life | e stages) | | | |
| Dental fissure sealants | | | To prevent tooth decay on perma | anent teeth fo | or children under 16 | | |
| HIV test per beneficiary | • | | | | | | |
| Flu vaccine per beneficiary | | | | | | | |
| Mammogram 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 | | | | | | | |
| Human Papillomavirus (HPV) vaccines, female | _ | | | | | | |
| beneficiaries between ages 9 and 14 | | | | 2 | | | |
| Human Papillomavirus (HPV) vaccines, female | 1 | | | 3 | | | |
| beneficiaries between ages 15 and 26 | | = - | | Τ | 54.51 | | |
| Contraceptives (per family for women aged up to 50) | | R1 | 270 | | R1 540 | | |
| Wollnoss sergoning nor honofology and 26 | | | | 1 | | | |
| Wellness screening per beneficiary, aged 21 and over DSP = Designated Service Provider PMB = Pre | scribed Mi | inimum Benefits | | 1 | | | |

Ponitas

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!

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





www.bonitas.co.za



f Bonitas Medical Fund

@BonitasMedical

