

A man with grey hair is kissing a woman on the cheek. They are sitting in a field of tall grass. The man is wearing a grey jacket over a plaid shirt. The woman is wearing a patterned jacket. The background is a soft-focus landscape.

BONCOMPREHENSIVE & BONCOMPLETE

SAVINGS

2022

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

BONCOMPREHENSIVE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R8 217 | R7 749 | R1 672 |

BONCOMPLETE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R4 570 | R3 660 | R1 241 |

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

WANT TO JOIN?

SMS **SWITCH** TO **33035** OR VISIT **BONITAS.CO.ZA/JOIN**

SMSs CHARGED AT R1.50. FREE SMSs DO NOT APPLY. Ts & Cs APPLY.

ALREADY A MEMBER? TALK TO US



Bonitas Member App



bonitas.co.za/member



www.bonitas.co.za



Bonitas Medical Fund



@BonitasMedical

Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme Rules will prevail. The Scheme Rules are available at www.bonitas.co.za. Benefits are subject to approval from the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.

OUT-OF-HOSPITAL BENEFITS

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

BONCOMPREHENSIVE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|------------------|-----------------|-----------------|
| R18 600 | R17 532 | R3 780 |
| R4 380 | R3 630 | R1 660 |
| R22 980 | R21 162 | R5 440 |
| UNLIMITED | | |

BONCOMPLETE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R8 208 | R6 576 | R2 232 |
| R1 900 | R1 610 | R415 |
| R10 108 | R8 186 | R2 647 |
| R5 050 | R2 970 | R1 290 |

| |
|--------------------------------|
| SAVINGS |
| SELF-PAYMENT GAP |
| THRESHOLD LEVEL |
| ABOVE THRESHOLD BENEFIT |

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that not all claims accumulate to your self-payment gap. Claims will accumulate at the Bonitas Rate.

BONCOMPREHENSIVE

| | |
|--|---|
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | You must get a referral from your GP |
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | |
| R34 340 per family, in and out-of-hospital | Pre-authorisation required |
| R1 560 co-payment per scan event except for PMB | |
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | Above threshold limit of R15 000 per family combined with over-the-counter medicine |

BONCOMPLETE

| | |
|--|---|
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | You must get a referral from your GP |
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | |
| R25 570 per family, in and out-of-hospital | Pre-authorisation required |
| R1 560 co-payment per scan event except for PMB | |
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | |

OUT-OF-HOSPITAL

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

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

| |
|---|
| OVER-THE-COUNTER MEDICINE |
| HOMEOPATHIC MEDICINE |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST) |
| PHYSIOTHERAPY, PODIATRY AND BIKINETICS |
| MENTAL HEALTH CONSULTATIONS |
| GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) |
| OPTOMETRY |
| EYE TESTS |
| SINGLE VISION LENSES (CLEAR) OR |
| BIFOCAL LENSES (CLEAR) OR |
| MULTIFOCAL LENSES (CLEAR) |
| FRAMES |
| CONTACT LENSES |
| HEARING AIDS |

| BONCOMPREHENSIVE | | | |
|--|--|---|----------------|
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit | | |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | Above threshold limit of R15 000 per family combined with acute medicine benefit | | |
| Paid from available savings and/or above threshold benefit | A 20% co-payment applies when paid from above threshold benefit | | |
| Subject to available savings and/or above threshold benefit | | | |
| Subject to available savings and/or above threshold benefit | | | |
| In and out-of-hospital consultations (included in the mental health hospitalisation benefit) | Limited to R17 070 per family | | |
| Paid from available savings | Subject to frequency limits and Managed Care protocols | | |
| Paid from available savings and/or above threshold benefit, limited to R3 500 per beneficiary, once every 2 years (based on the date of your previous claim) | Each beneficiary can choose glasses | OR | contact lenses |
| 1 per beneficiary, at a network provider | OR | R350 per beneficiary, at a non-network provider | |
| 100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider | | | |
| 100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider | | | |
| 100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider | | | |
| Paid from available savings and/or above threshold benefit (subject to optometry sublimit) | | | |
| Paid from available savings and/or above threshold benefit (subject to optometry sublimit) | | | |
| R28 250 per family, once every 5 years (based on the date of your previous claim) | 10% co-payment applies | | |

| BONCOMPLETE | | | |
|---|---|---|----------------|
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit | | |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | | | |
| Paid from available savings and/or above threshold benefit | A 20% co-payment applies when paid from above threshold benefit | | |
| Subject to available savings and/or above threshold benefit | | | |
| Subject to available savings and/or above threshold benefit | | | |
| In and out-of-hospital consultations (included in the mental health hospitalisation benefit) | Limited to R17 070 per family | | |
| Paid from available savings and/or above threshold benefit | Subject to frequency limits and Managed Care protocols | | |
| Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim) | Each beneficiary can choose glasses | OR | contact lenses |
| 1 per beneficiary, at a network provider | OR | R350 per beneficiary, at a non-network provider | |
| 100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider | | | |
| 100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider | | | |
| 100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider | | | |
| R855 per beneficiary | | | |
| R2 105 per beneficiary | | | |
| Paid from available savings and/or above threshold benefit | Available once every 5 years (based on the date of your previous claim) | | |

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

| BONCOMPREHENSIVE | |
|--|--|
| Paid from available savings and/or above threshold benefit | Subject to the Bonitas Dental Management Programme |
| Covered at the Bonitas Dental Tariff | |
| 2 annual check-ups per beneficiary (once every 6 months) | |
| Managed Care protocols apply | |
| 1 per beneficiary, every 3 years | |
| 2 annual scale and polish treatments per beneficiary (once every 6 months) | Fissure sealants are only covered for children under 16 years |
| Fluoride treatments are only covered for children from age 5 and younger than 16 years | |
| Benefit for fillings is granted once per tooth, every 2 years | Benefit for re-treatment of a tooth is subject to Managed Care protocols |
| A treatment plan and X-rays may be required for multiple fillings | |
| Managed Care protocols apply | |
| 1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years | Pre-authorisation required |
| Paid from available savings and/or above threshold benefit | Subject to the Bonitas Dental Management Programme |
| Covered at the Bonitas Dental Tariff | |
| 2 partial frames (an upper and a lower) per beneficiary, once every 5 years | Managed Care protocols apply |
| Pre-authorisation required | |
| 3 crowns per family, per year | Benefit for crowns will be granted once per tooth, every 5 years |
| A treatment plan and X-rays may be requested | Pre-authorisation required |
| 2 implants per beneficiary, every 5 years | Cost of implant components limited to R2 994 per implant |

| BONCOMPLETE | |
|--|--|
| Covered at the Bonitas Dental Tariff | Subject to the Bonitas Dental Management Programme |
| 2 annual check-ups per beneficiary (once every 6 months) | |
| Managed Care protocols apply | |
| 1 per beneficiary, every 3 years | |
| 2 annual scale and polish treatments per beneficiary (once every 6 months) | Fissure sealants are only covered for children under 16 years |
| Fluoride treatments are only covered for children from age 5 and younger than 16 years | |
| Benefit for fillings is granted once per tooth, every 2 years | Benefit for re-treatment of a tooth is subject to Managed Care protocols |
| A treatment plan and X-rays may be required for multiple fillings | |
| Managed Care protocols apply | |
| 1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years | Pre-authorisation required |
| Covered at the Bonitas Dental Tariff | Subject to the Bonitas Dental Management Programme |
| 1 partial frame (an upper or a lower) per beneficiary, once every 5 years | Managed Care protocols apply |
| Pre-authorisation required | |
| 1 crown per family, per year | Benefit for crowns will be granted once per tooth, every 5 years |
| A treatment plan and X-rays may be requested | Pre-authorisation required |
| No benefit | |

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

BONCOMPREHENSIVE

| | |
|---|---|
| Orthodontic treatment is granted once per beneficiary, per lifetime | Pre-authorisation cases will be clinically assessed by using an orthodontic needs' analysis |
| Benefit allocation is subject to the outcome of the needs' analysis and funding can be granted up to 100% of the Bonitas Dental Tariff | Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) |
| Only 1 family member may begin orthodontic treatment in a calendar year | Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years |
| Managed Care protocols apply | Pre-authorisation required |
| Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme | Managed Care protocols apply |
| Pre-authorisation required | |

BONCOMPLETE

| | |
|---|---|
| Orthodontic treatment is granted once per beneficiary, per lifetime | Pre-authorisation cases will be clinically assessed by using an orthodontic needs' analysis |
| Benefit allocation is subject to the outcome of the needs' analysis and funding can be granted up to 65% of the Bonitas Dental Tariff | Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons) |
| Only 1 family member may begin orthodontic treatment in a calendar year | Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years |
| Managed Care protocols apply | Pre-authorisation required |
| Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme | Managed Care protocols apply |
| Pre-authorisation required | |

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

PERIODONTICS

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)

| | |
|---|------------------------------|
| Managed Care protocols apply | |
| General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime | |
| General anaesthetic benefit is available for the removal of impacted wisdom teeth | Managed Care protocols apply |
| Pre-authorisation required | |
| Managed Care protocols apply | |
| Limited to extensive dental treatment | Managed Care protocols apply |
| Pre-authorisation required | |

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

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R15 160** per beneficiary and **R30 190** per family on the applicable medicine formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

You must get your medicine from the Bonitas Pharmacy Network. Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

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

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

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

ADDITIONAL CONDITIONS COVERED

BONCOMPREHENSIVE

| | |
|-----|-----------------------------------|
| 28. | Acne |
| 29. | Allergic Rhinitis |
| 30. | Alzheimer's Disease (early onset) |
| 31. | Ankylosing Spondylitis |
| 32. | Anorexia Nervosa |

| | |
|-----|--|
| 39. | Dermatomyositis |
| 40. | Depression |
| 41. | Eczema |
| 42. | Gastro-Oesophageal Reflux Disease (GORD) |
| 43. | Generalised Anxiety Disorder |

| | |
|-----|-------------------------------|
| 50. | Obsessive Compulsive Disorder |
| 51. | Osteoporosis |
| 52. | Paget's Disease |
| 53. | Panic Disorder |
| 54. | Polyarteritis Nodosa |

& BONCOMPLETE

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

Pre-authorisation is required.

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BONCOMPREHENSIVE

| | | | | | |
|-----|--|-----|----------------------|-----|---------------------------------|
| 33. | Attention Deficit Disorder (in children aged 5-18) | 44. | Gout | 55. | Post-Traumatic Stress Disorder |
| 34. | Barrett's Oesophagus | 45. | Huntington's Disease | 56. | Pulmonary Interstitial Fibrosis |
| 35. | Behcet's Disease | 46. | Hyperthyroidism | 57. | Psoriatic Arthritis |
| 36. | Bulimia Nervosa | 47. | Myasthenia Gravis | 58. | Systemic Sclerosis |
| 37. | Cystic Fibrosis | 48. | Narcolepsy | 59. | Tourette's Syndrome |
| 38. | Dermatitis | 49. | Neuropathies | 60. | Zollinger-Ellison Syndrome |

BONCOMPLETE

| | | | |
|-----|---|-----|--|
| 28. | Acne (children up to 21 years) | 30. | Allergic Dermatitis/Eczema (children up to 21 years) |
| 29. | Allergic Rhinitis (children up to 21 years) | 31. | Attention Deficit Disorder (in children aged 5-18) |

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

ADDITIONAL BENEFITS

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

CONTRACEPTIVES

- R1 720 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives (BonComplete only)
- If you choose not to use a Designated Service Provider, a 40% co-payment applies (BonComplete only)



CHILDCARE

- Hearing screening for newborns, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12

BONCOMPLETE

- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12

WELLNESS BENEFITS

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day
- Wellness screening includes the following tests:
 - Blood pressure
 - Glucose
 - Cholesterol
 - Body Mass Index
 - Waist-to-hip ratio



MATERNITY CARE

BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 330 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Private ward after delivery - up to 3 days

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 330 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

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



All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 50 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over (BonComprehensive only)
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16



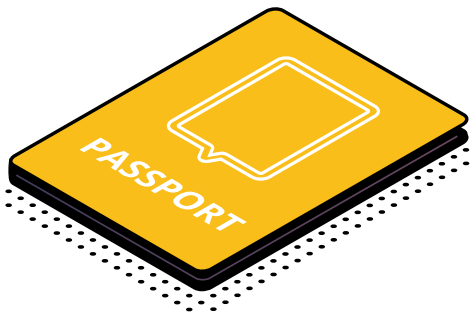
INTERNATIONAL TRAVEL BENEFIT

You must register for this benefit prior to departure

- Up to R10 million cover per family for medical emergencies when you travel outside South Africa
- Additional benefit for compulsory COVID-19 test and medical quarantine up to R10 000 per person

AFRICA BENEFIT

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



NEW

Replaces Wellness Extender



BENEFIT BOOSTER

Available after completing a wellness screening or online wellness assessment

BONCOMPREHENSIVE

R2 730

BONCOMPLETE

R1 880

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

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

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

(All claims are paid at the Bonitas Rate)

MANAGED CARE PROGRAMMES

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



MENTAL WELLNESS

- Available to pre-identified members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse
- Access to a Care Manager who will work with you, your treating doctor and where appropriate, with other healthcare professionals to assist in improving your condition
- Your Care Manager will assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition
- Provides educational material about mental health which empowers you to manage your condition



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)
- Delivers cost-effective care of the highest quality
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists



HIV/AIDS

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



HOME-BASED CARE (provided by Quro Medical Services)

Our home-based care offers:

- An alternative to general ward admission, allowing you to receive quality, safe healthcare in the comfort of your home
- Care for any acute condition deemed appropriate by your treating doctor i.e. pneumonia, COVID-19, Blood clots (DVT)
- A team of trained healthcare professionals that'll bring all the essential elements of hospital care to your home
- Remote Patient Monitoring including an admission cycle of 5 days, 24/7 vital signs monitoring, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and ambulance services
- Hospital-at-Home – this includes remote patient monitoring, daily visits for 3 days, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)

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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
- Helps you track the results of the required tests
- Provides education to help you understand your condition better



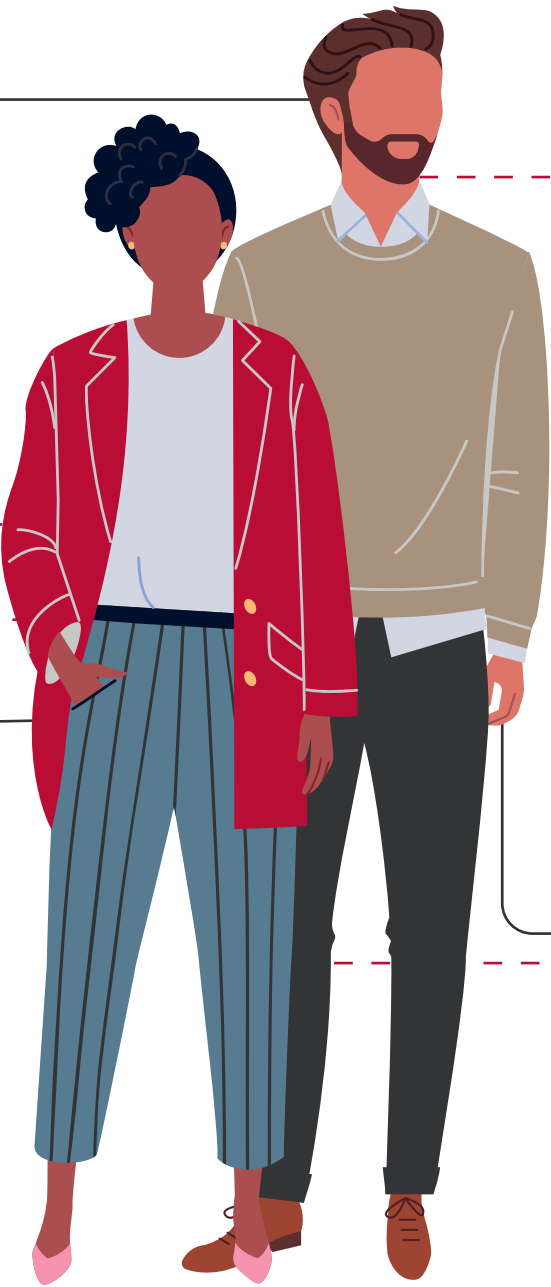
BACK AND NECK

- Helps manage severe back and neck pain
- Includes assistance from doctors, physiotherapists and biokineticists
- Gives access to a home care plan to maintain long-term results
- Highly effective and low-risk, with an excellent success rate
- Offers a personalised treatment plan for up to 6 weeks, including assistance from doctors, physiotherapists and biokineticists
- We cover the cost of the programme
- Uses the DBC network
- Access to the eDBC app for digital coaching solutions and home-based care - including two exercise sessions a week



HIP AND KNEE REPLACEMENT

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



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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.

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| SPECIALIST CONSULTATIONS/TREATMENT |
| GP CONSULTATIONS/TREATMENT |
| BLOOD TESTS AND OTHER LABORATORY TESTS |
| X-RAYS AND ULTRASOUNDS |
| MRI_s AND CT SCANS (SPECIALISED RADIOLOGY) |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST) |
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS |
| INTERNAL AND EXTERNAL PROSTHESES |
| INTERNAL NERVE STIMULATORS |
| DEEP BRAIN STIMULATION (EXCLUDING PROSTHESIS) |
| COCHLEAR IMPLANTS |
| CATARACT SURGERY |
| REFRACTIVE SURGERY |

| BONCOMPREHENSIVE | |
|---|--|
| Unlimited, covered at 150% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| R34 340 per family, in and out-of-hospital | Pre-authorisation required |
| R1 560 co-payment per scan event except for PMB | |
| Unlimited, covered at 100% of the Bonitas Rate | Subject to referral by the treating practitioner |
| Unlimited, covered at 100% of the Bonitas Rate | Subject to referral by the treating practitioner |
| R60 380 for internal prosthesis per family | |
| R60 380 for external prosthesis per family | Sublimit of R5 760 per breast prosthesis (limited to 2 per year) |
| R181 400 per family | |
| R255 700 per beneficiary | |
| R304 300 per family | |
| You must use a Designated Service Provider, or a R6 230 co-payment will apply | |
| R22 760 per family | Pre-authorisation required |

| BONCOMPLETE | |
|---|---|
| Unlimited, network specialists covered in full at the Bonitas Rate | Unlimited, non-network specialists paid at 100% of the Bonitas Rate |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| R25 570 per family, in and out-of-hospital | Pre-authorisation required |
| R1 560 co-payment per scan event except for PMB | |
| Unlimited, covered at 100% of the Bonitas Rate | Subject to referral by the treating practitioner |
| Unlimited, covered at 100% of the Bonitas Rate | Subject to referral by the treating practitioner |
| R48 440 per family | Managed Care protocols apply |
| Sublimit of R5 760 per breast prosthesis (limited to 2 per year) | |
| No benefit | |
| No benefit | |
| No benefit | |
| You must use a Designated Service Provider, or a R6 230 co-payment will apply | |
| No benefit | |

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

| |
|--|
| SPINAL SURGERY |
| HIP AND KNEE REPLACEMENTS |
| MENTAL HEALTH HOSPITALISATION |
| TAKE-HOME MEDICINE |
| PHYSICAL REHABILITATION |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) |
| PALLIATIVE CARE (ONCOLOGY ONLY) |
| CANCER TREATMENT |
| CANCER MEDICINE |
| NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS) |
| ORGAN TRANSPLANTS |
| KIDNEY DIALYSIS |

| BONCOMPREHENSIVE | |
|--|---|
| You will have to pay a R15 590 co-payment if you do not go for an assessment through the Back and Neck programme | |
| You will have to pay a R31 170 co-payment if you voluntarily decide not to use the Designated Service Provider | |
| R50 360 per family | No cover for physiotherapy for mental health admissions |
| Limited to a 7-day supply up to R595 per hospital stay | |
| R54 360 per family | |
| R18 130 per family | Managed Care protocols apply |
| Unlimited | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |
| R618 500 per family, unless PMB | R245 400 of this can be used for specialised drugs (including biological drugs) |
| Sublimit of R51 000 per beneficiary for Brachytherapy | |
| Subject to MPL and preferred product list | You must use a Designated Service Provider, or a 20% co-payment will apply |
| R207 900 per family | |
| Unlimited | Sublimit of R34 520 per beneficiary for corneal grafts |
| Unlimited | You must use a Designated Service Provider, or a 20% co-payment will apply |

| BONCOMPLETE | |
|--|---|
| You will have to pay a R15 590 co-payment if you do not go for an assessment through the Back and Neck programme | |
| You will have to pay a R31 170 co-payment if you voluntarily decide not to use the Designated Service Provider | |
| R34 610 per family | No cover for physiotherapy for mental health admissions |
| Limited to a 7-day supply up to R450 per hospital stay | |
| R54 360 per family | |
| R18 130 per family | Managed Care protocols apply |
| Unlimited | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |
| R344 500 per family, unless PMB | Managed Care protocols apply |
| Sublimit of R51 000 per beneficiary for Brachytherapy | |
| Subject to MPL and preferred product list | You must use a Designated Service Provider, or a 20% co-payment will apply |
| PMB only | |
| Unlimited | Sublimit of R34 520 per beneficiary for corneal grafts |
| Unlimited | You must use a Designated Service Provider, or a 20% co-payment will apply |

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

| |
|---|
| HIV/AIDS |
| DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES) |

| BONCOMPREHENSIVE |
|---|
| Unlimited, if you register on the HIV/AIDS programme |
| You must use a network day hospital or a R2 290 co-payment will apply |

| BONCOMPLETE | |
|---|--|
| Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider |
| You must use a network day hospital or a R2 290 co-payment will apply | |

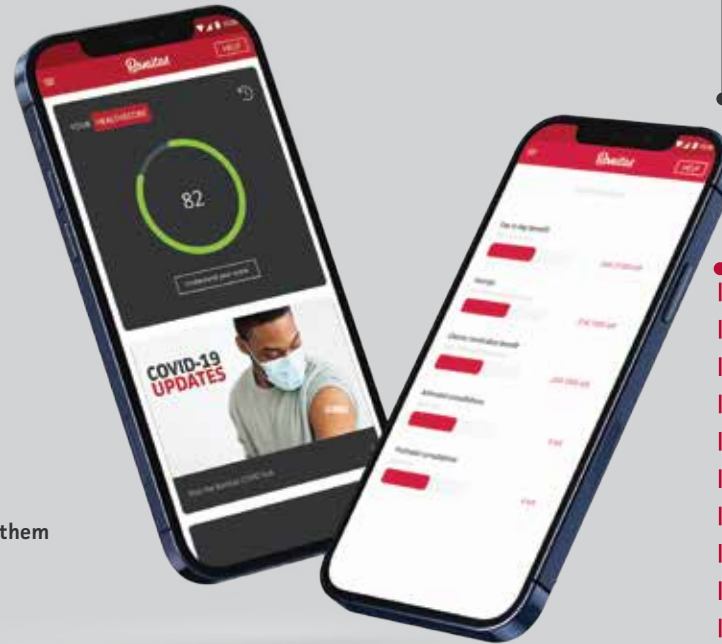
All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

DOWNLOAD THE NEW BONITAS MEMBER APP

MANAGING YOUR MEDICAL AID IS EASY

With the new app you can:

- Check your benefits
- Find a network provider
- Have a virtual consultation with a GP
- See the balance of your Medical Savings Account
- Submit your medication script to Pharmacy Direct for delivery
- Chat to a call centre agent
- Access and download your documents i.e. tax certificates and monthly statements
- Save and access information for emergency contacts
- Access your digital membership card
- Update important information for you and everyone on your plan
- Create a medicine list with the medicine scanner and get reminders of when to take them



GET IN TOUCH WITH
US ON WHATSAPP
0600 702 491

This easy and reliable platform gives you another self-service channel to access your medical aid information and get in touch with us.

You can:

- Get your statements
- Save your electronic membership card
- View claims for the last 90 days
- Download your tax certificate or certificate of membership
- Chat live to resolve queries



AMP UP YOUR WELLNESS!

AMP is a brand-new section in the app which aims to change the health and wellness behaviour of our members and beneficiaries, guiding you to a healthier you. It's absolutely free and available to all members and beneficiaries who are 18 years and older.

- Create your own avatar
- Get a health score for yourself and each of your dependants
- Receive nudges to educate and guide you to a healthier lifestyle
- Earn badges (and bragging rights!) for completing health questionnaires or a health risk assessment
- Get access to bespoke eating plans from EatForLife
- Access virtual gym sessions
- Access the AVO store which offers:
 - Lifestyle rewards
 - Discounted deals from more than 7 000 different merchants
 - 1% cashback on all purchases
 - Free delivery on orders over R450

DOWNLOAD NOW!

