Bonitas

Medical Aid for South Africa





# PLAN COMPARISON 2027

COMPARISON PLAN COMPARISON

| | BonComprehensive | BonClassic | BonComplete | BonSave | BonFit | BonPrime | Standard | Primary |
|---|---|---|---|---|---|---|---|---|
| **Monthly contributions** (4th and subsequent children covered free) | Main: R13 786<br>Adult: R13 000<br>Child: R2 808 | Main: R9 078<br>Adult: R7 792<br>Child: R2 241 | Main: R7 256<br>Adult: R5 812<br>Child: R1 968 | Main: R4 343<br>Adult: R3 282<br>Child: R1 299 | Main: R2 894<br>Adult: R2 168<br>Child: R974 | Main: R3 548<br>Adult: R2 776<br>Child: R1 128 | Main: R6 474<br>Adult: R5 612<br>Child: R1 900 | Main: R3 875<br>Adult: R3 032<br>Child: R1 232 |
| **Savings** | Main: R24 816<br>Adult: R23 400<br>Child: R5 052 | Main: R16 344<br>Adult: R14 028<br>Child: R4 032 | Main: R13 032<br>Adult: R10 440<br>Child: R3 528 | Main: R13 032<br>Adult: R9 852<br>Child: R3 900 | Main: R5 196<br>Adult: R3 900<br>Child: R1 752 | Main: R7 668<br>Adult: R6 000<br>Child: R2 436 | N/A | |
| **Self-payment gap** | Main: R5 650<br>Adult: R4 680<br>Child: R2 140 | N/A | Main: R2 450<br>Adult: R2 080<br>Child: R530 | N/A | | | | |
| **Above threshold benefit** | Unlimited | N/A | Main: R6 520<br>Adult: R3 820<br>Child: R1 670 | N/A | | | | |
| **Overall day-to-day limit subject to below sublimits** (*based on family size) | | | | | | | *Ranges from R14 580 - R26 740 | *Ranges from R5 780 - R12 710 |
| **Sublimits for GP & specialist benefit including virtual care consultations** (*based on family size) | N/A | | | | | | *Ranges from R3 650 - R7 290<br>• Nomination of a network GP applies<br>• 2 non-nominated GP visits allowed per family per year<br>• Consultations with non-network GPs are limited to PMBs only (30% co-payment applies) | *Ranges from R2 430 - R5 470<br>• Nomination of a network GP applies<br>• 2 non-nominated GP visits allowed per family per year<br>• Consultations with non-network GPs are limited to PMBs only |
| **Sublimits for acute and over-the-counter medicine benefit** (*based on family size) | | | | | | | *Ranges from R3 650 - R7 290<br>Over-the-counter medicine is limited to:<br>R970 per beneficiary<br>R3 040 per family | *Ranges from R1 830 - R3 650<br>Over-the-counter medicine is limited to:<br>R615 per beneficiary<br>R2 430 per family |
| **Sublimits for X-rays & blood tests benefit** (*based on family size) | | | | | | | *Ranges from R3 650 - R7 290 | *Ranges from R2 430 - R3 650 |
| **Sublimits for auxiliary services benefit** (*based on family size) | | | | | | | *Ranges from R3 650 - R7 290 | *Ranges from R2 430 - R3 650 |
| **HOSPITAL BENEFITS** (pre-authorisation required) | | | | | | | | |
| **Hospital cover** | Unlimited | Unlimited, network applies | | | | | Unlimited | Unlimited, network applies |
| **GP and specialist consultations** (network doctors covered in full at the Bonitas Rate) | Unlimited<br>Specialist covered at 150%, GP covered at 100% of the Bonitas Rate | Unlimited<br>100% of the Bonitas Rate | | | | | | |
| **Blood tests and X-rays** | Unlimited, 100% of the Bonitas Rate | | | | | | | |
| **MRIs and CT scans**<br>Co-payment per scan event unless PMB | R40 100 per family in and out-of-hospital | R39 430 per family in and out-of-hospital | R31 740 per family in and out-of-hospital | | R16 650 per family in hospital. Out-of-hospital paid from available savings | R16 650 per family in hospital. R4 160 out-of-hospital | R35 480 per family in and out-of-hospital | R16 650 per family in and out-of-hospital |
| | | R2 920 | | R1 940 | R2 920 | R2 340 | R1 940 | R2 340 |
| **Internal and external prostheses** | R70 500 for internal prosthesis per family<br>R70 500 for external prosthesis per family | R70 500 per family | R60 110 per family | R42 840 per family (internal only) | PMB only | | R60 110 per family | PMB only |
| **Internal nerve stimulators** | R220 400 per family | N/A | | | | | R234 000 per family | N/A |
| **Cochlear implants** | R369 800 per family | R392 800 per family | N/A | | | | | |
| **Mental health hospitalisation** | R62 500 per family | R54 930 per family | R42 960 per family | | R19 880 per family | R29 820 per family | R54 130 per family | R40 450 per family |
| **Sublimit of hospitalisation for mental health consultations per family** (in or out-of-hospital) | R21 180 per family | | | R16 100 per family | Paid from available savings | | R21 180 per family | R10 200 per family |
| **Take-home medicine** | Limited to a 7-day supply up to R700 per hospital stay | Limited to a 7-day supply up to R630 per hospital stay | Limited to a 7-day supply up to R560 per hospital stay | Limited to a 7-day supply up to R520 per hospital stay | Limited to a 7-day supply up to R490 per hospital stay | | Limited to a 7-day supply up to R630 per hospital stay | Limited to a 7-day supply up to R490 per hospital stay |
| **Physical rehabilitation** | R66 060 per family | R70 160 per family | | | | R66 060 per family | R70 160 per family | R66 060 per family |
| **Alternatives to hospital** (hospice, step-down facilities) | R22 500 per family | | | | R21 180 per family | | R22 500 per family | R21 180 per family |
| **Palliative care** (cancer only) | Unlimited, subject to the DSP | | | | | | | |
| **Cancer treatment** (30% co-payment applies at non-DSP) | Unlimited for PMBs<br>R467 500 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)<br>R467 500 of this can be used for specialised drugs (including biological drugs) | Unlimited for PMBs<br>R350 550 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)<br>R171 160 of this can be used for specialised drugs (including biological drugs) | Unlimited for PMBs<br>R292 140 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<br>R233 740 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<br>R175 330 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<br>R233 740 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<br>R292 140 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)<br>R171 200 of this can be used for specialised drugs (including biological drugs) | Unlimited for PMBs<br>R233 740 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) |
| **PET scans** (25% co-payment for non-network provider use) | 2 per family | 1 per family | PMB only | | | | 1 per family | PMB only |
| **Non-cancer specialised drugs** (including biological drugs) | R268 400 per family | R200 000 per family | PMB only | | | | | |
| **Organ transplants** | Unlimited | | | | | PMB only | Unlimited | PMB only |
| **Kidney dialysis** | Unlimited at a DSP or 20% co-payment applies at a non-DSP | | | | | | | |
| **HIV/AIDS** | Unlimited, if you register on the HIV/AIDS programme | | | | | | | |
| **Day surgery procedures** (applies to selected procedures) | You must use a network day hospital or a R5 670 co-payment will apply | | | | You must use a network day hospital or a R6 780 co-payment will apply | You must use a network day hospital or a R7 410 co-payment will apply | You must use a network day hospital or a R5 670 co-payment will apply | You must use a network day hospital or a R6 780 co-payment will apply |
| **Co-payments for certain procedures** | Co-payment applies for hip and knee replacements at a non-DSP<br>Co-payment applies for cataract surgery at a non-DSP | | | Yes | | | Co-payment applies for hip and knee replacements at a non-DSP<br>Co-payment applies for cataract surgery at a non-DSP | Yes |
| **OUT-OF-HOSPITAL BENEFITS** | | | | | | | | |
| **GP consultations** (including virtual care consultations) | Paid from available savings and/or above threshold benefit | Paid from available savings | Paid from available savings and/or above threshold benefit | Paid from available savings<br>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<br>Additional benefit for GP consultations when savings are finished (limited to 1 per family) paid at the Bonitas Rate | Paid from available savings | Paid from available GP & specialist benefit sublimit<br>2 Additional nominated GP consultations per family when the GP & specialist consultations sublimit is reached<br>2 Additional network specialist consultations | Paid from available GP & specialist benefit sublimit<br>1 Additional nominated GP consultation per family when the GP & specialist consultations sublimit is reached<br>1 Additional network specialist consultation |
| **Specialist consultations** | | | | Paid from available savings | | Paid from available savings | | |
| **X-rays and ultrasounds** | | | | | | | Paid from available X-rays and blood tests benefit sublimit | |
| **Blood tests** | | | | | | | | |
| **Acute medicine** 20% co-payment for non-DSP/ non-formulary use<br>**Over-the-counter medicine** 20% co-payment for non-DSP/ non-formulary use | Paid from available savings and/ or above threshold benefit<br>Medicine limited to R19 360 per family above threshold | Paid from available savings | Paid from available savings and/or above threshold benefit | Paid from available savings | | Paid from available savings | Paid from available acute and over-the-counter medicine benefit sublimit<br>Over-the-counter medicine is limited to:<br>R970 per beneficiary<br>R3 040 per family | Paid from available acute and over-the-counter medicine benefit sublimit<br>Over-the-counter medicine is limited to:<br>R615 per beneficiary<br>R2 430 per family |
| **Allied medical professionals** (such as dietician, occupational therapist) | Paid from available savings and/ or above threshold benefit | | | | | | Paid from available auxiliary services benefit sublimit | |
| **Physiotherapy, podiatry and biokinetics** | | | | | | | | |
| **General medical appliances** | Paid from available savings | | | | | | Subject to the available overall day-to-day limit<br>R9 270 per family for Stoma Care and CPAP machines.<br>Note: CPAP machines subject to Managed Care protocols | Subject to the available overall day-to-day limit<br>R8 930 per family for Stoma Care and CPAP machines.<br>Note: CPAP machines subject to Managed Care protocols |
| **Emergency room benefit** (For emergencies only) | 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital | | | 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital<br>2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6 | | | | |
| **Insulin pump & continuous glucose monitor & consumables** (per type 1 diabetic for beneficiaries younger than 18) | 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 | 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 GP & specialist day-to-day benefit | |
| | 1 Insulin pump: R67 800 per family every 5 years<br>1 Continuous glucose monitor: R29 200 per family every year<br>Consumables limited to R97 000 per family | | | N/A | | | 1 Insulin pump: R67 800 per family every 5 years<br>1 Continuous glucose monitor: R29 200 per family every year<br>Consumables limited to R97 000 per family | N/A |
| **Blood pressure monitor** (Subject to Managed Care protocols & registration of chronic condition - hypertension) | Paid from available savings<br>R1 300 per family every 2 years | | Paid from available savings and/or above threshold benefit<br>R1 300 per family every 2 years | N/A | | | Subject to the general medical appliances benefit<br>R1 300 per family every 2 years | N/A |
| **Audiology** (Hearing aids, consultations and tests) Avoid a 25% co-payment by using a DSP and formulary | Maximum two devices per beneficiary, once every 3 years, based on the date of your previous claim<br>All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider | | | N/A | | | Maximum two devices per family, once every 3 years, based on the date of your previous claim<br>All tests and consultations limited to the Hearing Loss 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 435 per beneficiary | Paid from Risk | Paid from available savings and/or above threshold benefit | Paid from available savings | | | Paid from Risk | Paid from Risk |
| **Basic dentistry** (Managed Care protocols apply) | Paid from available savings and/ or above threshold benefit | R5 680 per family, per year | Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme | Paid from available savings | | | Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider | 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) | | R8 040 per family, per year<br>Covered at the Bonitas Dental Tariff | | | | | Covered at the Bonitas Dental Tariff | Covered at 75% of the Bonitas Dental Tariff |
| **Chronic medicine** (30% co-payment for non-DSP/ non-formulary use) | 61 chronic conditions<br>R19 570 per beneficiary<br>R38 970 per family<br>Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary | 46 chronic conditions<br>R16 030 per beneficiary<br>R33 140 per family<br>Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary | 32 chronic conditions<br>Unlimited, subject to use of Bonitas Pharmacy Network and formulary | 28 chronic conditions<br>Unlimited, subject to use of DSP and formulary | | | 34 chronic conditions<br>R13 590 per beneficiary<br>R27 270 per family<br>Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary | 28 chronic conditions<br>Unlimited, subject to use of DSP and formulary |
| **ADDITIONAL BENEFITS** (in addition to savings and day-to-day benefits) | | | | | | | | |
| **Benefit Booster** (Available after completing required actions) | N/A | Up to R6 000 per family | | Up to R12 000 per family | Up to R6 000 per family | Up to R8 000 per family | Up to R12 000 per family | Up to R8 000 per family |
| **International travel** (per trip) | Up to R1.5 million cover per family for medical emergencies when you travel outside South Africa<br>You must register for this benefit prior to departure | | | | | | | |
| **MOTHER & CHILD CARE BENEFIT** | | | | | | | | |
| **Private ward after delivery** | Yes | N/A | | | | | | |
| **Antenatal consultations** | 12 | 6 | | | | | 12 | 6 |
| **2D ultrasound scans** | 2 | | | | | | | |
| **Antenatal classes** | R1 710 | R1 650 | | R1 600 | R1 150 | | R1 650 | R1 150 |
| **Amniocentesis** | 1 | | | | | | | |
| **Postnatal consultations** (with a midwife) | 4 (1 can be used for a consultation with an accredited lactation specialist) | | | | | | | |
| **Antenatal vitamins** (during pregnancy, subject to formulary) | Limited to R210 per month<br>Paid from available savings and/ or above threshold benefit | Limited to R210 per month<br>Paid from available savings or Benefit Booster | Limited to R210 per month<br>Paid from available savings and/or above threshold benefit or Benefit Booster | Limited to R210 per month<br>Paid from available savings or Benefit Booster | | | Limited to R210 per month<br>Paid from available acute medicine benefit or Benefit Booster | |
| **Hearing screening** | For newborns up to 8 weeks, in or out-of-hospital | | | | | | | |
| **Vision screening** | 2 screening tests for premature newborns up to 6 weeks, in or out-of-hospital | | | | | | | |
| **Congenital hypothyroidism screening** | Infants under 1 month old | | | | | | | |
| **24/7 telephonic baby advice line** | For children under 3 years | | | | | | | |
| **Paediatric consultations for children under 1 year** | 3 | N/A | 2 | | 1 | | 2 | 1 |
| **Paediatric consultations for children between ages 1 and 2** | 2 | | 1 | | | | 2 | 1 |
| **GP consultations for children between ages 2 and 12** | 2 | | 1 | | | | 2 | 1 |
| **Childhood immunisations up to the age of 12** | According to the Private Vaccination schedule in South Africa | | According to the Expanded Programme on Immunisation in South Africa | | | | According to the Private Vaccination schedule in South Africa | According to the Expanded Programme on Immunisation in South Africa |
| **BE BETTER BENEFIT** (Preventative care and wellness benefits for all life stages) | | | | | | | | |
| **Dental fissure sealants** | To prevent tooth decay on permanent teeth for children under 16 | | | | | | | |
| **HIV test and counselling per beneficiary** | 1 | | | | | | | |
| **Flu vaccine per beneficiary** | 1 | | | | | | | |
| **Full lipogram every 5 years, members aged 20 and over** | 1 | N/A | | | | | 1 | N/A |
| **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 | | | | | | | |
| **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 | | | | | | | |
| **Whooping cough booster vaccine every 10 years, members between ages 7 and 64** | 1 | N/A | | | | | 1 | N/A |
| **Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14** | 2 | | | | | | | |
| **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** | 1 | N/A | | | | | | |
| **Free online hearing screening , beneficiaries aged 18 and over** | Unlimited on the Bonitas website | | | | | | | |
| **Contraceptives** (per family for women aged up to 55) | R2 140 | | R2 050 | R1 650 | R2 050 | | R2 140 | R2 050 |
| **Wellness screening per beneficiary, aged 21 and over** | 1 | | | | | | | |

**DSP** = Designated Service Provider

**PMB** = Prescribed Minimum Benefits

| | Hospital Standard | BonEssential | BonEssential Select | BonCore |
|---|---|---|---|---|
| **Monthly contributions** (4th and subsequent children covered free) | Main: R3 942<br>Adult: R3 320<br>Child: R1 498 | Main: R3 000<br>Adult: R2 217<br>Child: R970 | Main: R2 526<br>Adult: R1 850<br>Child: R834 | Main: R1 368<br>Adult: R1 368<br>Child: R1 368 |
| | **HOSPITAL BENEFITS** (pre-authorisation required) | | | |
| **Hospital cover** | Unlimited, network applies | | | |
| **GP and specialist consultations** | Unlimited, 100% of the Bonitas Rate | | | Unlimited, 100% of the Bonitas Rate<br>Non-network GPs and specialists are covered at 70% of the Bonitas Rate |
| **X-rays** | | | | |
| **Blood tests** | Unlimited, 100% of the Bonitas Rate | | | PMB only |
| **MRIs and CT scans (in hospital)** | R33 420 per family<br>R2 920 co-payment per scan event except for PMB | R16 650 per family<br>R2 920 co-payment per scan event except for PMB | | PMB only<br>Pre-authorisation required |
| **Internal prosthesis** (no cover for joint replacements or back and neck surgery) | R56 600 per family | PMB only | | PMB only at DSP |
| **External prostheses** | PMB only | | | |
| **Mental health hospitalisation** | R19 880 per family | | | PMB only |
| **Take-home medicine** | Limited to a 7-day supply up to R600 per hospital stay | Limited to a 7-day supply up to R490 per hospital stay | | Limited to a 7-day supply up to R415 per hospital stay |
| **Physical rehabilitation** | R66 060 per family | | | PMB only |
| **Alternatives to hospital** (hospice, step-down facilities) | R21 180 per family | | | |
| **Palliative care** (cancer only) | Unlimited, subject to the DSP | | | |
| **Cancer treatment** (30% co-payment applies at a non-DSP) | Unlimited for PMBs<br>R175 330 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 | | |
| **PET scans** | PMB only, at a network provider or a 25% co-payment applies | | | |
| **Organ transplants** | Unlimited at a DSP | PMB only at a DSP | | |
| **Kidney dialysis** | Unlimited at a DSP or 20% co-payment applies at a non-DSP | | | PMB only at a DSP or 30% co-payment applies at a non-DSP |
| **HIV/AIDS** | Unlimited, if you register on the HIV/AIDS programme | | | |
| **Day surgery procedures** (applies to selected procedures) | You must use a network day hospital or a R6 780 co-payment will apply | | You must use a network day hospital or a R7 410 co-payment will apply | You must use a network day hospital or a R15 310 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** | | | |
| **Emergency room benefit** (For emergencies only) | 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital | | | |
| | **ADDITIONAL BENEFITS** (in addition to your other benefits) | | | |
| **Benefit Booster** (Available after completing required actions) | N/A | Up to R4 000 per family | | Up to R2 000 per family |
| **International travel benefit** (per trip) | You must register for this benefit prior to departure<br>Up to R1.5 million cover per family for medical emergencies when you travel outside South Africa | | | |
| | **MOTHER & CHILD BENEFIT** (Maternity – per pregnancy) | | | |
| **Antenatal consultations** | 6 | | | N/A |
| **2D ultrasound scans** | 2 | | | |
| **Amniocentesis** | 1 | | | |
| **Postnatal consultations** (with a midwife) | 4 (1 can be used for a consultation with an accredited lactation specialist) | | | |
| **Antenatal vitamins** (during pregnancy, subject to formulary) | N/A | Limited to R210 per month<br>Paid from available Benefit Booster | | |
| | **MOTHER & CHILD BENEFIT** (Childcare) | | | |
| **Hearing screening** | For newborns up to 8 weeks, in or out-of-hospital | | | N/A |
| **Vision screening** | 2 screening tests for premature newborns up to 6 weeks, in or out-of-hospital | | | |
| **Congenital hypothyroidism screening** | 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 | N/A | | N/A |
| **Paediatric consultations for children between ages 1 and 2** | 1 | N/A | | |
| **GP consultations for children between ages 2 and 12** | 1 | | | |
| | **BE BETTER BENEFIT** (Preventative care and wellness benefits for all life stages) | | | |
| **Dental fissure sealants** | One per tooth once every 3 years to prevent tooth decay on permanent teeth for children under 16 | | | N/A |
| **HIV test and counselling per beneficiary** | 1 | | | |
| **Flu vaccine per beneficiary** | 1 | | | |
| **Mammogram every 2 years, women over 40** | 1 | | | N/A |
| **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) | | 1 |
| **Prostate screening antigen test, men between ages 55 and 69** | 1 | | | N/A |
| **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 on the Bonitas website | | | |
| **Contraceptives** (per family for women aged up to 55) | R1 650 at the DSP | | | Paid from available Benefit Booster |
| **Wellness screening per beneficiary, aged 21 and over** | 1 | | | |

**DSP** = Designated Service Provider **PMB** = Prescribed Minimum Benefits

| | BonCap | | | |
|---|---|---|---|---|
| Subject to income verification | **R0 to R12 400** | **R12 401 to R20 100** | **R20 101 to R26 200** | **R26 201+** |
| **Monthly contributions** | Main: R1 929<br>Adult: R1 929<br>Child: R909 | Main: R2 354<br>Adult: R2 354<br>Child: R1 083 | Main: R3 795<br>Adult: R3 795<br>Child: R1 436 | Main: R4 657<br>Adult: R4 657<br>Child: R1 767 |
| | **HOSPITAL BENEFITS** (pre-authorisation required) | | | |
| **Hospital cover** | Unlimited at a DSP | | | |
| **GP and specialist consultations** (network doctors covered in full at negotiated rates) | Unlimited, covered at 100% of the BonCap Rate<br>Non-network specialists and GPs are covered at 70% of the BonCap Rate | | | |
| **Blood tests and X-rays** | Blood tests R33 780 per family<br>X-rays unlimited, 100% of the BonCap Rate | | | |
| **MRIs and CT scans** | R14 820 per family, R1 280 co-payment per scan event, except for PMB | | | |
| **Internal and external prostheses** | PMB only at a DSP | | | |
| **Mental health hospitalisation** | PMB only at a DSP<br>30% co-payment applies at non-DSP | | | |
| **Take-home medicine** | Limited to a 7-day supply up to R490 per hospital stay | | | |
| **Physical rehabilitation** | R65 870 per family | | | |
| **Alternatives to hospital** (hospice, step-down facilities) | R18 250 per family | | | |
| **Palliative care** (cancer only) | Unlimited, subject to the DSP | | | |
| **Cancer treatment** | PMB only at a DSP (30% co-payment applies at a non-DSP) | | | |
| **PET scans** | PMB only at a network provider (25% co-payment applies at a non-network provider) | | | |
| **Organ transplants** | PMB only at a DSP | | | |
| **Kidney dialysis** | Unlimited at a DSP or 20% co-payment applies (subject to Managed Care protocols) | | | |
| **HIV/AIDS** | Unlimited, subject to registration on the HIV/AIDS programme | | | |
| | **OUT-OF-HOSPITAL BENEFITS** | | | |
| **Network GP or Registered Nurse consultations including virtual care consultations** (GP nomination applies) | Unlimited GP or Registered Nurse consultations, using a BonCap network GP<br>Pre-authorisation required from 8th visit | | | |
| **Non-network GP consultations** | 1 out-of-network consultation per beneficiary, maximum 2 consultations per family, limited to R440 per visit<br>30% co-payment applies, unless PMB | | | |
| **Network specialist consultations** (this benefit includes acute medicine, blood tests, X-rays, MRIs and CT scans) | Maximum of 3 visits limited to R4 220 per beneficiary or a maximum of 5 visits limited to R6 270 per family<br>Subject to the BonCap Specialist network and referral from a BonCap network GP<br>Pre-authorisation required (including MRIs and CT scans) | | | |
| **GP-referred acute medicine, X-rays and blood tests** (*based on family size) | *Ranges from R2 490 - R6 020<br>Subject to the applicable formularies and pharmacy and pathology networks<br>For acute medicine and blood tests: 20% co-payment applies at non-DSP | | | |
| **Over-the-counter medicine** | R125 per event, R350 per beneficiary per year<br>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 660 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<br>Unlimited, subject to use of the Bonitas Chronic Medicine Courier Pharmacy Network and formulary<br>Subject to nomination of a network GP for management of chronic conditions | | | |
| | **ADDITIONAL BENEFIT** | | | |
| **Benefit Booster** (Available after completing required actions) | Up to R1 000 per family | | | |
| | **CHILDCARE BENEFIT** | | | |
| **Hearing screening** | Newborns up to 8 weeks, in or out-of-hospital | | | |
| **Congenital hypothyroidism screening** | Infants under 1 month old | | | |
| **24/7 telephonic baby advice line** | For children under 3 years | | | |
| **Childhood immunisations up to the age of 12** | According to the Expanded Programme on Immunisation in South Africa | | | |
| | **BE BETTER BENEFIT** (Preventative care and wellness benefits for all life stages) | | | |
| **Dental fissure sealants** | One per tooth once every 3 years to prevent tooth decay on permanent 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 55) | R1 380 at the DSP (40% co-payment applies at non-DSP) | | | |
| **Wellness screening per beneficiary, aged 21 and over** | 1 | | | |

**DSP** = Designated Service Provider **PMB** = Prescribed Minimum Benefits
All claims are paid at the BonCap Rate, unless otherwise stated.

| | BonStart | BonStart Plus |
|---|---|---|
| **Monthly contributions** | Main: R1 720 | Main: R2 189 |
| | Adult: R1 720 | Adult: R2 082 |
| | Child: R1 720 | Child: R965 |
| | **HOSPITAL BENEFITS** (pre-authorisation required) | |
| **Hospital cover** | Unlimited at the applicable hospital network | |
| | R1 930 co-payment per admission, except for PMB emergencies | R1 290 co-payment per admission, except for PMB emergencies |
| **GP and specialist consultations** | Unlimited, 100% of the Bonitas Rate<br>Non-network GPs and specialists are covered at 70% of the Bonitas Rate | Unlimited, 100% of the Bonitas Rate |
| **Blood tests and X-rays** | Blood tests limited to R33 500 per family unless PMB<br>X-rays unlimited, 100% of the Bonitas Rate | Blood tests unlimited, 100% of the Bonitas Rate<br>X-rays unlimited, 100% of the Bonitas Rate |
| **MRIs and CT scans** | R14 700 per family unless PMB (R2 920 co-payment per scan event) | R14 700 per family unless PMB (R2 920 co-payment per scan event) |
| **Allied medical professionals** (such as dietician, speech and occupational therapist) | PMB only | |
| **Physiotherapy and biokinetics** | | |
| **Childbirth** | Natural birth: Unlimited at the applicable hospital network (Emergency approved C-sections only) | |
| **Neonatal care** | Limited to R59 740 per family, except for PMB | Limited to R59 740 per family, except for PMB |
| **Internal and external prostheses** | PMB only | |
| **Mental health hospitalisation** | PMB only at a DSP | |
| **Take-home medicine** | Limited to a 7-day supply up to R490 per hospital stay | |
| **Physical rehabilitation** | R65 310 per family | |
| **Alternatives to hospital** (hospice, step-down facilities) | R18 090 per family | R20 950 per family |
| **Dentistry** | PMB only | |
| **Palliative care** (cancer only) | Unlimited, subject to the DSP | |
| **PET scans** | PMB only, at a network provider or a 25% co-payment applies | |
| **Cancer treatment** | PMB only, at a DSP or a 30% co-payment applies | |
| **Organ transplants** | | |
| **Kidney dialysis** | | |
| **HIV/AIDS** | Unlimited, if you register on the HIV/AIDS programme | |
| | **OUT-OF-HOSPITAL BENEFITS** | |
| **GP consultations** | Unlimited Network GP consultations, R135 co-payment per visit<br>Pre-authorisation required after 6th visit | Unlimited Network GP consultations, R80 co-payment per visit<br>Pre-authorisation required after 10th visit |
| **Virtual Care GP and Nurse consultations** | Unlimited | |
| **Emergency room benefit** (for emergencies only) | 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital | |
| **GP-referred acute medicine, X-rays and blood tests** (combined benefit & subject to the applicable formulary) | Limited to R1 930 per family | Limited to R3 600 per family |
| | Acute medicine: 20% co-payment per script, 40% co-payment for non-DSP/non-formulary use | |
| **Specialist consultations** (subject to GP referral and applicable formulary) | Limited to 1 visit per family up to R1 430 / R285 co-payment per visit | Limited to 2 visits per family up to R2 590 / R135 co-payment per visit |
| | Including all acute medicine, basic radiology and pathology prescribed by the specialist | |
| **Over-the-counter medicine** | Limited to R120 per event, R590 per family per year | Limited to R190 per event, R895 per family per year |
| | Avoid a 20% co-payment by using a Bonitas Network Pharmacy, medicine that is on the formulary and completing your wellness screening | |
| **General medical appliances** | PMB only | R7 150 per family |
| **Optometry** | 1 eye test per beneficiary, R120 co-payment | 1 eye test per beneficiary, R120 co-payment |
| **Basic dentistry** | 1 consultation per beneficiary, R135 co-payment | 1 consultation per beneficiary, R80 co-payment |
| **Physiotherapy** | 2 consultations per beneficiary for sport-related injuries, R135 co-payment | 4 consultations per beneficiary for sport-related injuries, R80 co-payment |
| **Mental health** | PMB only, subject to use of DSP | |
| **Day surgery procedures** (applies to selected procedures) | You must use a network day hospital or a R13 230 co-payment applies | |
| **Co-payments for certain procedures** | Yes | |
| **Chronic medicine** | Unlimited for PMB, subject to use of DSP (30% co-payment for non-DSP/non-formulary use) | |
| | **ADDITIONAL BENEFITS** | |
| **Benefit Booster** (Available after completing required actions) | Up to R4 000 per family | |
| **International travel benefit** (per trip) | Up to R1.5 million cover per family for medical emergencies when you travel outside South Africa (You must register for this benefit prior to departure) | |
| | **MOTHER & CHILD CARE BENEFIT** | |
| **Antenatal consultations** | No benefit | 6 |
| **2D ultrasound scans** | | 2 |
| **Amniocentesis** | | 1 |
| **Postnatal consultations** (with a midwife) | | 4 (1 can be used for a consultation with an accredited lactation specialist) |
| **Antenatal vitamins** (during pregnancy, subject to formulary) | Limited to R210 per month<br>Paid from available Benefit Booster | Limited to R210 per month<br>Paid from available Benefit Booster |
| **Hearing screening** | N/A | For newborns up to 8 weeks, in or out-of-hospital |
| **Vision screening** | 2 screening tests for premature newborns up to 6 weeks, in or out-of-hospital | |
| **Congenital hypothyroidism screening** | N/A | Infants under 1 month old |
| **24/7 telephonic baby advice line** | For children under 3 years | |
| **Childhood immunisations up to the age of 12** | N/A | According to the Expanded Programme on Immunisation in South Africa |
| | **BE BETTER BENEFIT** (Preventative care and wellness benefits for all life stages) | |
| **Dental fissure sealants** | To prevent tooth decay on permanent teeth for children under 16 | |
| **HIV test per beneficiary** | 1 | |
| **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** | | |
| **Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14** | 2 | |
| **Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26** | 3 | |
| **Contraceptives** (per family for women aged up to 55) | R1 320 | |
| **Wellness screening per beneficiary, aged 21 and over** | 1 | |

**DSP** = Designated Service Provider **PMB** = Prescribed Minimum Benefits

# B. VALUE AND WELLBEING

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

## FREE AND EXCLUSIVE TO BONITAS MEMBERS.

Make your wellness journey more rewarding. Earn rewards for healthy actions, access exclusive partner benefits and track your wellness – all in one place.

**Register now at:** www.bonitas.co.za/b-value

### HEALTH

| | |
|---|---|
| B.Well | Supports your physical and mental wellbeing so you can always B well. |

### FINANCIAL

| | |
|---|---|
| B.Savvy | Focuses on your financial wellbeing – helping you save more, stress less and B savvy. |

### VOUCHERS

| | |
|---|---|
| B.Valued | Rewards you for prioritising your health, because good habits should B valued. |

### INSIGHT

| | |
|---|---|
| B.Informed | Provides access to essential health information to help you take charge of your health and B informed. |

## GET SUPPORT

- 076 172 3151
- Bonitas Medical Fund
- @BonitasMedical
- www.bonitas.co.za
- bonitas.co.za/members
- Bonitas Member App

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