A photograph of a woman with her hair in braids, wearing a light green long-sleeved shirt and blue jeans, leaning over to kiss a young child on the cheek. The child is sitting on a white countertop, wearing a pink ribbed long-sleeved top and pants. In the background, there is a dining table and chairs. The scene is brightly lit, suggesting a window nearby. The image is framed by a thin red border.

STANDARD & STANDARD SELECT

TRADITIONAL

2022

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

STANDARD

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R4 230	R3 667	R1 241

STANDARD SELECT

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R3 822	R3 307	R1 119

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?

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

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

Out-of-hospital claims will be paid from available day-to-day benefits. There is a separate benefit for GP consultations. **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.

STANDARD

GP CONSULTATIONS

(including virtual care consultations)

If you do not use a GP on our network, your benefit for GP consultations will be limited to the non-network GP consultation benefit and you'll have to pay a 30% co-payment. This is shown in the table below.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 DEPENDANTS
MAIN MEMBER + 4 OR MORE DEPENDANTS

R4 560	R1 490 of this can be used for non-network GP consultations, a 30% co-payment applies
R6 690	R2 290 of this can be used for non-network GP consultations, a 30% co-payment applies
R7 420	R2 500 of this can be used for non-network GP consultations, a 30% co-payment applies
R7 790	R2 610 of this can be used for non-network GP consultations, a 30% co-payment applies
R8 460	R2 820 of this can be used for non-network GP consultations, a 30% co-payment applies

STANDARD SELECT

You must choose 2 GPs on our network for each beneficiary. These are your nominated GPs for the year. Your benefit is shown in the table below.

R4 560	2 non-network or non-nominated GP visits allowed per family per year, a 30% co-payment applies to non-network GPs
R6 690	
R7 420	
R7 790	
R8 460	

DAY-TO-DAY BENEFITS

These benefits provide cover for consultations with your specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. There is a separate benefit for tests and consultations for PMB treatment plans (excluding GP consultations) so this will not affect your day-to-day benefits.

MAIN MEMBER ONLY
MAIN MEMBER + 1 DEPENDANT
MAIN MEMBER + 2 DEPENDANTS
MAIN MEMBER + 3 DEPENDANTS
MAIN MEMBER + 4 OR MORE DEPENDANTS

R6 380
R9 700
R11 210
R12 250
R13 340

R6 380
R9 700
R11 210
R12 250
R13 340

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STANDARD

SPECIALIST CONSULTATIONS
BLOOD AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
ACUTE MEDICINE
OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIKINETICS
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

Paid from available day-to-day benefits	You must get a referral from your GP
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	You must use a Bonitas Pharmacy Network or a 20% co-payment will apply
A 20% co-payment will apply if you use medicine that is not on the formulary	
Paid from available day-to-day benefits	Limited to R845 per beneficiary and R2 580 per family
You must use a Bonitas Pharmacy Network or a 20% co-payment will apply	A 20% co-payment will apply if you use medicine that is not on the formulary
Paid from available day-to-day benefits	A 20% co-payment applies
Limited to and included in the day-to-day benefit	
Limited to and included in the day-to-day benefit	
R28 600 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R17 070 per family
R8 410 per family	An additional R7 180 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit
Subject to frequency limits and Managed Care protocols	

STANDARD SELECT

Paid from available day-to-day benefits	You must get a referral from your GP
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	
Paid from available day-to-day benefits	You must use a Bonitas Pharmacy Network or a 20% co-payment will apply
A 20% co-payment will apply if you use medicine that is not on the formulary	
Paid from available day-to-day benefits	Limited to R845 per beneficiary and R2 580 per family
You must use a Bonitas Pharmacy Network or a 20% co-payment will apply	A 20% co-payment will apply if you use medicine that is not on the formulary
Paid from available day-to-day benefits	20% co-payment applies
Limited to and included in the day-to-day benefit	
Limited to and included in the day-to-day benefit	
R28 600 per family, in and out-of-hospital	Pre-authorisation required
R1 560 co-payment per scan event except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R17 070 per family
R8 410 per family	An additional R7 180 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit
Subject to frequency limits and Managed Care protocols	

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STANDARD

HEARING AIDS	R17 530 per family, once every 5 years (based on the date of your previous claim)	20% co-payment applies
	Subject to frequency limits and Managed Care protocols	
OPTOMETRY	R6 700 per family, once every 2 years (based on the date of your previous claim)	Each beneficiary can choose glasses OR contact lenses
EYE TESTS	1 per beneficiary, at a network provider OR	R350 per beneficiary, at a non-network provider
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R210 per lens, per beneficiary, out of network
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates	R445 per lens, per beneficiary, out of network
MULTIFOCAL LENSES (CLEAR)	100% towards the cost of lenses at network rates	R770 per lens, per beneficiary, out of network
FRAMES	R1 275 per beneficiary at a network provider OR	R956 per beneficiary at a non-network provider
CONTACT LENSES	R1 965 per beneficiary (included in the family limit)	
BASIC DENTISTRY	Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)	
X-RAYS: INTRA-ORAL	Managed Care protocols apply	
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years	
PREVENTATIVE CARE	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	

STANDARD SELECT

R17 530 per family, once every 5 years (based on the date of your previous claim)	20% co-payment applies
Subject to frequency limits and Managed Care protocols	
R6 700 per family, 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 lenses at network rates	R210 per lens, per beneficiary, out of network
100% towards the cost of lenses at network rates	R445 per lens, per beneficiary, out of network
100% towards the cost of lenses at network rates	R770 per lens, per beneficiary, out of network
R1 275 per beneficiary at a network provider OR	R956 per beneficiary at a non-network provider
R1 965 per beneficiary (included in the family limit)	
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme and a Designated Service Provider
2 annual check-ups per beneficiary (once every 6 months)	
Managed Care protocols apply	
1 per beneficiary, every 3 years	
2 annual scale and polish treatments per beneficiary (once every 6 months)	Fissure sealants are only covered for children under 16 years
Fluoride treatments are only covered for children from age 5 and younger than 16 years	

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.

STANDARD

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
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS
PERIODONTICS

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	
1 partial frame (an upper or 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
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 80% 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	

STANDARD SELECT

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	
1 partial frame (an upper or 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
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 80% 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	

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STANDARD

STANDARD SELECT

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR		Managed Care protocols apply		Managed Care protocols apply	
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission protocols apply	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		A co-payment of R3 500 per hospital admission for children younger than 5 years and R5 000 for all other admissions, admission 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		General anaesthetic benefit is available for the removal of impacted wisdom teeth	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required		Pre-authorisation required
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)		Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS)	Limited to extensive dental treatment	Managed Care protocols apply		Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required		Pre-authorisation required		Pre-authorisation required

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.

CHRONIC BENEFITS

STANDARD

Standard offers cover for the **45** chronic conditions listed below, limited to **R10 530** per beneficiary and **R21 130** per family on the applicable formulary. If you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. You must get your medicine from the Bonitas Pharmacy Network. If you choose to use a non-network pharmacy, you will have to pay a **40% co-payment**. Pre-authorisation is required.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. 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**.

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

28.	Acne
29.	Allergic Rhinitis
30.	Ankylosing Spondylitis
31.	Attention Deficit Disorder (in children aged 5-18)
32.	Barrett's Oesophagus
33.	Behcet's Disease

34.	Dermatitis
35.	Depression
36.	Eczema
37.	Gastro-Oesophageal Reflux Disease (GORD)
38.	Generalised Anxiety Disorder
39.	Gout

40.	Narcolepsy
41.	Obsessive Compulsive Disorder
42.	Panic Disorder
43.	Post-Traumatic Stress Disorder
44.	Tourette's Syndrome
45.	Zollinger-Ellison Syndrome

& STANDARD SELECT

Standard Select offers cover for the **45** chronic conditions listed below, limited to **R10 530** per beneficiary and **R21 130** per family on the applicable formulary. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a **40% co-payment**.

Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below, through Pharmacy Direct our Designated Service Provider. 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**.

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
- If you choose not to use a Designated Service Provider, a 40% co-payment applies



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
- 2 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultation per child between ages 1 and 2
- 2 GP consultation per child between ages 2 and 12
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

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

- 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)

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



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PREVENTATIVE CARE

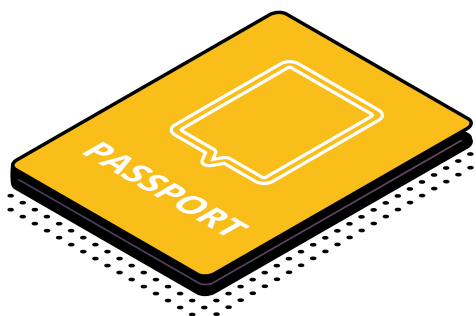
- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 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
- 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

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

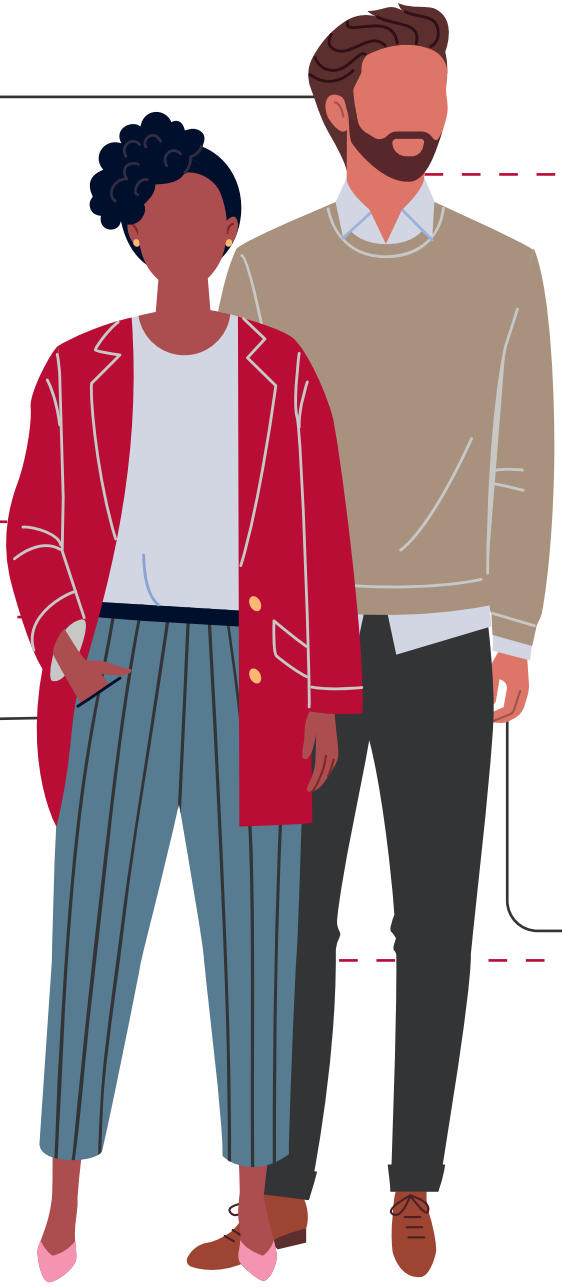


HOME-BASED CARE (provided by Quoro Medical Services)

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.

Please note: On the Standard Select option you must use a hospital on the Standard Select network or you will have to pay a 30% co-payment.

	STANDARD		STANDARD SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRI_s AND CT SCANS (SPECIALISED RADIOLOGY)	R28 600 per family, in and out-of-hospital	Pre-authorisation required	R28 600 per family, in and out-of-hospital	Pre-authorisation required
	R1 560 co-payment per scan event except for PMB		R1 560 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	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
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	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
INTERNAL AND EXTERNAL PROSTHESES	R48 440 per family	Managed Care protocols apply	R48 440 per family	Managed Care protocols apply
	Sublimit of R5 760 per breast prosthesis (limited to 2 per year)		Sublimit of R5 760 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY	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 R15 590 co-payment if you do not go for an assessment through the back and neck programme	
HIP AND KNEE REPLACEMENTS	You will have to pay a R31 170 co-payment if you decide not to use a Designated Service Provider		You will have to pay a R31 170 co-payment if you decide not to use a Designated Service Provider	
INTERNAL NERVE STIMULATORS	R181 400 per family		R181 400 per family	
COCHLEAR IMPLANTS	R304 300 per family		R304 300 per family	

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CATARACT SURGERY
MENTAL HEALTH HOSPITALISATION
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (ONCOLOGY ONLY)
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

STANDARD	
You must use a Designated Service Provider, or a R6 230 co-payment will apply	
R43 620 per family	No cover for physiotherapy for mental health admissions
Limited to a 7-day supply up to R510 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	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
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
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	

STANDARD SELECT	
You must use a Designated Service Provider, or a R6 230 co-payment will apply	
R43 620 per family	No cover for physiotherapy for mental health admissions
You must use a Designated Service Provider, or a 30% co-payment will apply	
Limited to a 7-day supply up to R510 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	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
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
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 R4 570 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.

Not sure which plan to choose?

Speak to your financial advisor or visit www.bonitas.co.za and try our comparison tool.

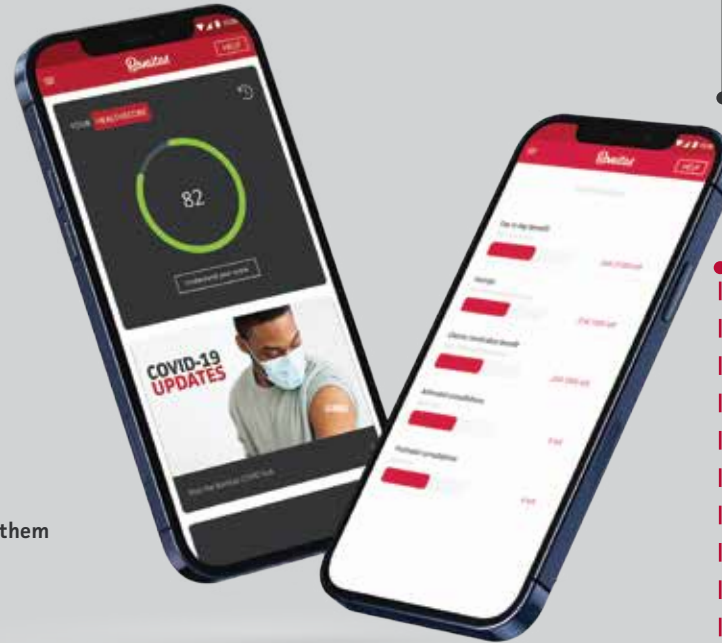


DOWNLOAD THE NEW BONITAS MEMBER APP

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!

