

BONSTART BONSTART PLUS

EDGE






Bonitas

Medical Aid for South Africa

WHAT YOU PAY




BONSTART

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R1 338	R1 338
 ADULT DEPENDANT	R1 338	R1 338
 CHILD DEPENDANT	R1 338	R 1338

BONSTART USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONSTART PLUS

	JANUARY – MARCH 2023	APRIL – DECEMBER 2023
 MAIN MEMBER	R1 670	R1 703
 ADULT DEPENDANT	R1 587	R1 619
 CHILD DEPENDANT	R735	R750

BONSTART PLUS USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

OUT-OF-HOSPITAL BENEFITS

Please note: When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

VIRTUAL CARE GP AND NURSE CONSULTATIONS
GP CONSULTATIONS
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)
SPECIALIST CONSULTATIONS (YOU MUST GET A REFERRAL FROM YOUR TREATING PRACTITIONER)
OPTOMETRY
BASIC DENTISTRY
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)

BONSTART

Unlimited network GP and Nurse Virtual Care consultations	
You must complete the online wellness questionnaire or wellness screening to access unlimited GP consultations	Authorisation required after 6th visit
R115 co-payment per visit	2 non-network GP consultations for emergencies per family
Limited to R1 590 per family	Subject to the radiology and pathology formulary
For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use 	
Limited to R100 per event	Maximum of R490 per family, per year
Formulary and Bonitas Pharmacy Network applies	Avoid a 40% co-payment by using the Bonitas Pharmacy Network
Limited to 1 visit per family up to R1 170	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R235 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R115 co-payment
Limited to R365 at a non-network provider	
1 dental consultation per beneficiary	R115 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
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
PMB only	Recommend use of preferred supplier
Subject to frequency limits as per Managed Care protocols	

BONSTART PLUS

Unlimited network GP and Nurse Virtual Care consultations	
You must complete the online wellness questionnaire or wellness screening to access unlimited GP consultations	Authorisation required after 10th visit
R60 co-payment per visit	2 non-network GP consultations for emergencies per family
Limited to R2 970 per family	Subject to the radiology and pathology formulary
For acute medicine: <ul style="list-style-type: none"> • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use 	
Limited to R155 per event	Maximum of R735 per family, per year
Formulary and Bonitas Pharmacy Network applies	Avoid a 40% co-payment by using the Bonitas Pharmacy Network
Limited to 2 visits per family up to R2 120	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
R115 co-payment per visit	Subject to GP referral
1 eye test per beneficiary at a network provider	R60 co-payment
Limited to R365 at a non-network provider	
1 dental consultation per beneficiary	R60 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
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
R5 890 per family	Recommend use of preferred supplier
Subject to frequency limits as per Managed Care protocols	

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

PHYSIOTHERAPY
MENTAL HEALTH
HIV/AIDS

BONSTART

2 consultations per beneficiary for sport-related injuries	R115 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

BONSTART PLUS

4 consultations per beneficiary for sport-related injuries	R60 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

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CHRONIC BENEFITS

BonStart and BonStart Plus ensure that you are covered for the **27** Prescribed Minimum Benefits listed below 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.

BONSTART

& BONSTART PLUS

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

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by 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.

BENEFIT BOOSTER

Available after completing a wellness screening or online wellness questionnaire

BONSTART & BONSTART PLUS

R1 000

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, 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 questionnaire

(All claims are paid at the Bonitas Rate)

MATERNITY CARE

BONSTART PLUS ONLY

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 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)

MATERNITY PROGRAMME

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

WELLNESS BENEFIT

- 1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Body Mass Index
- Glucose
- Waist-to-hip ratio
- Cholesterol

CONTRACEPTIVES

- R1 140 for **BonStart** & R1 370 for **BonStart Plus** 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

- Babyline: 24/7 helpline for medical advice for children under 3 years

BONSTART PLUS

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old

PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 pap smear every 3 years, for women between ages 21 and 65
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

AFRICA BENEFIT

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

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 medical quarantine up to R10 000 per beneficiary if tested positive for Covid-19

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

MANAGED CARE BENEFITS

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

HOSPITAL-AT-HOME

- Care for any acute condition deemed appropriate by your treating provider i.e., pneumonia, Covid-19
- An alternative to general ward admission and stepdown facilities, allowing you to receive quality, safe healthcare in the comfort of your home
- Remote patient monitoring including 24/7 vital signs monitoring from our clinical command centre, continuous virtual visits and clinical support, continuous care from a doctor, short-term oxygen (as prescribed) and emergency ambulance services
- Our hospital setup at home also includes remote patient monitoring, daily visits, laboratory services, blood tests, wound dressings, medication/fluids via a drip, allied healthcare services and physiotherapy (as prescribed)
- A team of trained healthcare professionals, including skilled nurses, that will bring all the essential elements of hospital care to your home
- A transitional care programme to minimise re-admissions
- Hospital-at-Home is subject to pre-authorisation

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)
- 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 your best life
- 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
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

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

IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to the applicable hospital network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you can avoid a R11 310 co-payment by using a hospital on the applicable network.

	BONSTART		BONSTART PLUS	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 590 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 060 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R27 560 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R20 020 per family except for PMB		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	
MRIS AND CT SCANS (SPECIALISED RADIOLOGY)	R12 570 per family	Pre-authorisation required	R17 070 per family	Pre-authorisation required
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	R2 500 co-payment per scan event except for PMB		R2 000 co-payment per scan event except for PMB	
PHYSIOTHERAPY AND BIOKINETICS	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
CHILD BIRTH	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
NEONATAL CARE	Unlimited at the applicable hospital network	Avoid a R11 310 co-payment by using a hospital on the applicable network	Unlimited at the applicable hospital network	Avoid a R11 310 co-payment by using a hospital on the applicable network
INTERNAL PROSTHESES	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
EXTERNAL PROSTHESES	Limited to R49 160 per family except for PMB		Limited to R49 160 per family except for PMB	
MENTAL HEALTH HOSPITALISATION	PMB only	Managed Care protocols apply	R17 070 per family (no cover for joint replacement except for PMB)	
TAKE-HOME MEDICINE	PMB only		Managed Care protocols apply	Pre-authorisation required
PHYSICAL REHABILITATION	PMB only		PMB only	
	PMB only	No cover for physiotherapy for mental health admissions	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R11 310 co-payment by using a hospital on the applicable network		Avoid a R11 310 co-payment by using a hospital on the applicable network	
	Limited to a 7-day supply up to R415 per hospital stay		Limited to a 7-day supply up to R415 per hospital stay	
	R53 740 per family	Pre-authorisation required	R53 740 per family	Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R15 470 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 370 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs at a Designated Service Provider	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R11 310 co-payment by using a network day hospital	

R17 930 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to the DSP	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 370 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R11 310 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R2 710 co-payment (Applies in addition to non-network hospital co-payment)	
1. Arthroscopy (when done as part of a surgical procedure)	
2. Laparoscopic Hysterectomy	
Back and neck surgery	Joint replacement surgery
Correction of Hallux Valgus	Functional nasal surgery
Varicose vein surgery	Oesophageal reflux and hernia repair surgery
Non-cancerous breast conditions	Gastrosopies, colonoscopies and all other endoscopies
Nail disorders	Knee and shoulder surgery
Skin disorders, including benign growths and lipomas	In-hospital dental surgery
Healthcare services for which admission to hospital is not necessary	

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

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Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



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Bonitas Member App



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