

BONSTART — & — BONSTART PLUS

EDGE

2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

BONSTART

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R1 452	R1 452	R1 452

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MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R1 731	R1 636	R761

FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

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OUT-OF-HOSPITAL BENEFITS

	BONSTART		BONSTART^{PLUS}	
GP CONSULTATIONS	You must complete the Online Wellness Assessment first	Unlimited network GP consultations	You must complete the Online Wellness Assessment first	Unlimited network GP consultations
	R110 co-payment per visit	Authorisation required after 6th visit	R55 co-payment per visit	Authorisation required after 10th visit
VIRTUAL CARE GP AND NURSE CONSULTATIONS	Unlimited network GP and Nurse Virtual Care consultations		Unlimited network GP and Nurse Virtual Care consultations	
SPECIALIST CONSULTATIONS	No benefit		2 consultations per beneficiary for sport-related injuries	R55 co-payment per visit
			You must get a referral from your network GP	
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	Limited to R1 500 per family For acute medicine: • A 20% co-payment will apply per script • You must use a Bonitas Pharmacy Network or a 40% co-payment will apply • A 40% co-payment will apply if you use medicine that is not on the formulary		Limited to R2 800 per family For acute medicine: • A 20% co-payment will apply per script • You must use a Bonitas Pharmacy Network or a 40% co-payment will apply • A 40% co-payment will apply if you use medicine that is not on the formulary	
OVER-THE-COUNTER MEDICINE	Limited to R95 per event	Maximum of R460 per family, per year	Limited to R145 per event	Maximum of R690 per family, per year
	Formulary and Bonitas Pharmacy Network applies	40% co-payment for non-network or non-formulary use	Formulary and Bonitas Pharmacy Network applies	40% co-payment for non-network or non-formulary use
OPTOMETRY	1 eye test per beneficiary at a network provider	R110 co-payment	1 eye test per beneficiary at a network provider	R55 co-payment
BASIC DENTISTRY	1 dental consultation per beneficiary	R110 co-payment	1 dental consultation per beneficiary	R55 co-payment
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	PMB only	You must use a preferred supplier	R5 550 per family	You must use a preferred supplier
			Subject to frequency limits and Managed Care protocols	
PHYSIOTHERAPY	2 consultations for sport-related injuries	R110 co-payment	4 consultations for sport-related injuries	R55 co-payment
	You must get a referral from your network GP or medical specialist		You must get a referral from your network GP or medical specialist	
PSYCHIATRY	PMB only		PMB only	
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply

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ADDITIONAL BENEFITS

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

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CONTRACEPTIVES				
FOR WOMEN AGED UP TO 50	R1 070 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives	R1 290 per family	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		If you choose not to use a Designated Service Provider, a 40% co-payment applies	
MATERNITY CARE				
PER PREGNANCY	Access to the Bonitas Maternity Programme		6 antenatal consultations with a gynaecologist, network 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)
			Access to the Bonitas Maternity Programme	
PREVENTATIVE CARE				
GENERAL HEALTH	1 HIV test per beneficiary	1 flu vaccine per beneficiary	1 HIV test per beneficiary	1 flu vaccine per beneficiary
WOMEN'S HEALTH	1 pap smear every 3 years, for women between ages 21 and 65		1 pap smear every 3 years, for women between ages 21 and 65	
CHILDCARE				
HEARING SCREENING	No benefit		For newborns, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	No benefit		For infants under 1 month old	
BABYLINE	24/7 helpline for medical advice for children under 3 years		24/7 helpline for medical advice for children under 3 years	
WELLNESS BENEFITS				
WELLNESS SCREENING	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	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
INTERNATIONAL TRAVEL BENEFIT				
PER TRIP	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	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
AFRICA BENEFIT				
PER TRIP	In and out-of-hospital treatment covered at 100% of the Bonitas rate	Subject to authorisation	In and out-of-hospital treatment covered at 100% of the Bonitas rate	Subject to authorisation

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MANAGED CARE PROGRAMMES

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

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MATERNITY SUPPORT

Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials

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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 the BonStart Hospital Network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you must use a hospital on the BonStart Hospital Network or you will have to pay a 30% co-payment.

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PRIVATE HOSPITAL CARE	Unlimited, at the BonStart Hospital Network		Unlimited, at the BonStart Hospital Network	
	R1 500 co-payment per admission, except for motor vehicle accidents, maternity confinements and emergency treatment		R1 000 co-payment per admission, except for motor vehicle accidents, maternity confinements and emergency treatment	
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Day surgery network for defined procedures (R10 650 co-payment at other hospitals)	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R25 950 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R18 850 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	
MRI_s AND CT SCANS (SPECIALISED RADIOLOGY)	R11 840 per family	R2 500 co-payment per scan except for PMB	R16 070 per family	R2 000 co-payment per scan except for PMB
	Pre-authorisation required		Pre-authorisation required	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
NATURAL BIRTH	Unlimited on the BonStart Hospital Network	R10 650 co-payment at non-network hospitals	Unlimited on the BonStart Hospital Network	R10 650 co-payment at non-network hospitals
CAESAREAN BIRTH	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
NEONATAL CARE	Limited to R46 290 per family except for PMB		Limited to R46 290 per family except for PMB	
INTERNAL PROSTHESIS	PMB only	You must use a preferred supplier	R16 070 per family (no cover for joint replacement except for PMB)	You must use a preferred supplier
	Pre-authorisation required	Managed Care protocols apply	Pre-authorisation required	Managed Care protocols apply
EXTERNAL PROSTHESIS	PMB only	You must use a preferred supplier	PMB only	You must use a preferred supplier
MENTAL HEALTH HOSPITALISATION	PMB only	You must use a Designated Service Provider	PMB only	You must use a Designated Service Provider
	No cover for physiotherapy for mental health admissions		No cover for physiotherapy for mental health admissions	
TAKE-HOME MEDICINE	R390 per hospital stay		R390 per hospital stay	
PHYSICAL REHABILITATION	R50 600 per family	Pre-authorisation required	R50 600 per family	Pre-authorisation required
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R14 570 per family	Pre-authorisation required	R16 880 per family	Pre-authorisation required
	Managed Care protocols apply		Managed Care protocols apply	

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TERMINAL CARE (ONCOLOGY ONLY)	Unlimited	Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited	Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CATARACT SURGERY	You must use a Designated Service Provider, or a R6 000 co-payment will apply		You must use a Designated Service Provider, or a R6 000 co-payment will apply	
DENTISTRY	PMB only		PMB only	
CANCER TREATMENT	PMB only	Pre-authorisation required	PMB only	Pre-authorisation required
	You must use a Designated Service Provider, or a 30% upfront co-payment will apply		You must use a Designated Service Provider, or a 30% upfront co-payment will apply	
ORGAN TRANSPLANTS	PMB only	Pre-authorisation required	PMB only	Pre-authorisation required
	You must use a Designated Service Provider, or a 30% upfront co-payment will apply		You must use a Designated Service Provider, or a 30% upfront co-payment will apply	
KIDNEY DIALYSIS	PMB only	Pre-authorisation required	PMB only	Pre-authorisation required
	You must use a Designated Service Provider, or a 30% upfront co-payment will apply		You must use a Designated Service Provider, or a 30% upfront co-payment will apply	
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider, or a 30% upfront co-payment will apply
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	You must use a network day hospital or a R10 650 co-payment will apply		You must use a network day hospital or a R10 650 co-payment will apply	

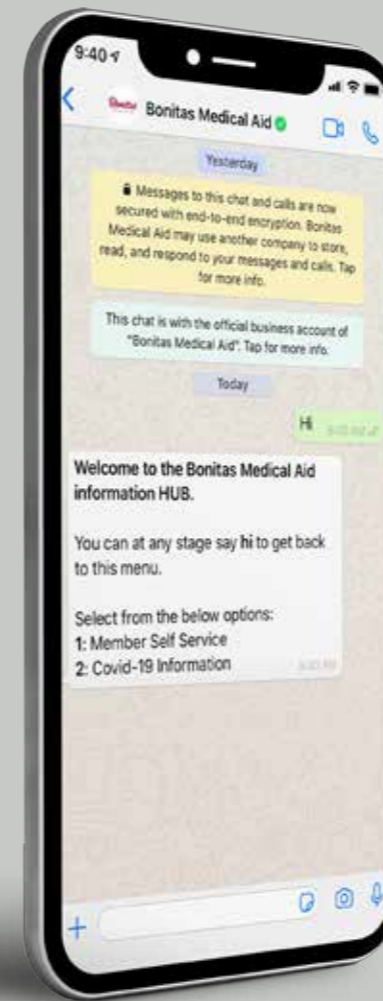
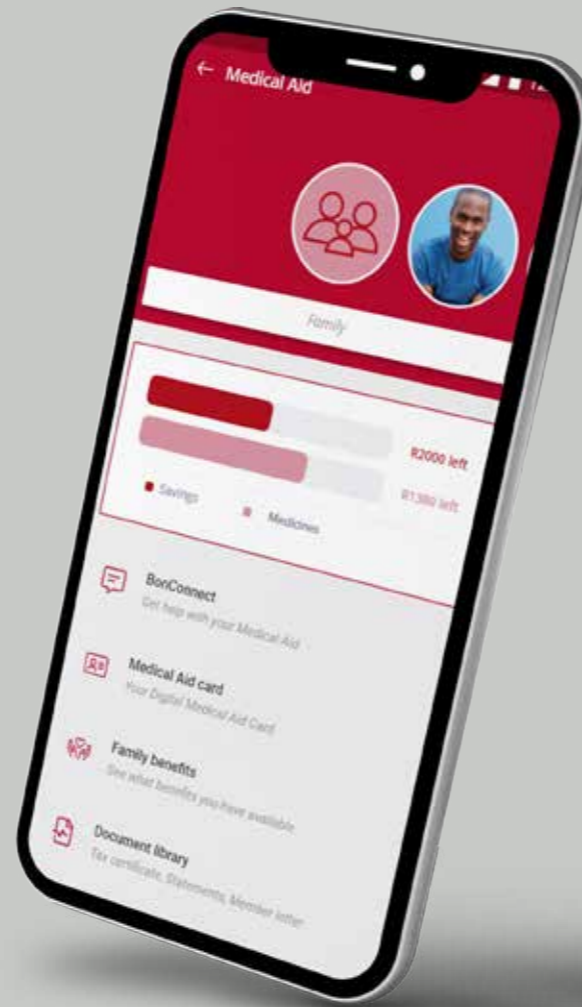
PROCEDURE CO-PAYMENTS	<p>R2 550 co-payment</p> <ol style="list-style-type: none"> Laparoscopic Hysterectomy Arthroscopy (when done as part of a surgical procedures)
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