

STANDARD ----- & ----- STANDARD SELECT

TRADITIONAL

2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

STANDARD

MAIN MEMBER

R4 044

ADULT DEPENDANT

R3 506

CHILD DEPENDANT

R1 186

STANDARD^{SELECT}

MAIN MEMBER

R3 589

ADULT DEPENDANT

R3 105

CHILD DEPENDANT

R1 051

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

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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.

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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.

You must choose 2 GPs on our network for each beneficiary. These are your nominated GPs for the year. Your benefit is limited to your nominated GPs only. 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 390	R1 430 of this can be used for non-network GP consultations, a 30% co-payment applies
R6 440	R2 200 of this can be used for non-network GP consultations, a 30% co-payment applies
R7 140	R2 410 of this can be used for non-network GP consultations, a 30% co-payment applies
R7 500	R2 510 of this can be used for non-network GP consultations, a 30% co-payment applies
R8 140	R2 710 of this can be used for non-network GP consultations, a 30% co-payment applies

R4 390	Benefit limited to your nominated GPs
R6 440	Benefit limited to your nominated GPs
R7 140	Benefit limited to your nominated GPs
R7 500	Benefit limited to your nominated GPs
R8 140	Benefit limited to your nominated GPs

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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 140
R9 340
R10 790
R11 790
R12 840

R6 140
R9 340
R10 790
R11 790
R12 840

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SPECIALIST CONSULTATIONS
BLOOD AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
ACUTE MEDICINE

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	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	

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STANDARD

OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)
PHYSIOTHERAPY, PODIATRY AND BIKINETICS

Paid from available day-to-day benefits	Limited to R815 per beneficiary and R2 480 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	

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Paid from available day-to-day benefits	Limited to R815 per beneficiary and R2 480 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	

STANDARD

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
HEARING AIDS
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES (CLEAR)
FRAMES
CONTACT LENSES

R27 530 per family, in and out-of-hospital	Pre-authorisation required
R1 500 co-payment per scan except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R16 430 per family
R8 090 per family	An additional R6 910 per family will apply should Stoma Care and CPAP machines exceed the general medical appliances limit
You must use a preferred supplier	Subject to frequency limits and Managed Care protocols
R16 870 per family, once every 5 years (based on the date of your previous claim)	20% co-payment applies
You must use a preferred supplier	Subject to frequency limits and Managed Care protocols
R6 430 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	R924 per beneficiary at a non-network provider
R1 965 per beneficiary (included in the family limit)	

STANDARD^{SELECT}

R27 530 per family, in and out-of-hospital	Pre-authorisation required
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In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R16 430 per family
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100% towards the cost of lenses at network rates	R210 per lens, per beneficiary, out of network
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100% towards the cost of lenses at network rates	R770 per lens, per beneficiary, out of network
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R1 965 per beneficiary (included in the family limit)	

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STANDARD

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	STANDARD	STANDARD ^{SELECT}
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	
FILLINGS	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	
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply	
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
SPECIALISED DENTISTRY	Covered at the Bonitas Dental Tariff	
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	1 partial frame (an upper or lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	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
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	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
PERIODONTICS	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	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Managed Care protocols apply

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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
General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

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 teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS)

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ADDITIONAL BENEFITS

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

STANDARD		STANDARD ^{SELECT}		
CONTRACEPTIVES				
FOR WOMEN AGED UP TO 50	R1 660 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives	R1 660 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	12 antenatal consultations with a gynaecologist, GP or midwife	2 2D ultrasound scans	12 antenatal consultations with a gynaecologist, GP or midwife	2 2D ultrasound scans
	R1 280 for antenatal classes	1 amniocentesis	R1 280 for antenatal classes	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	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
CHILDCARE				
HEARING SCREENING	For newborns, in or out-of-hospital		For newborns, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old		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	
PAEDIATRICIAN OR GP CONSULTATIONS	2 consultations per child under 1 year	2 consultations per child between ages 1 and 2	2 consultations per child under 1 year	2 consultations per child between ages 1 and 2
GP CONSULTATIONS	2 consultations per child between ages 2 and 12		2 consultations per child between ages 2 and 12	
IMMUNISATIONS	According to Expanded Programme on Immunisation in South Africa		According to Expanded Programme on Immunisation in South Africa	
PREVENTATIVE CARE				
GENERAL HEALTH	1 HIV test per beneficiary	1 flu vaccine per beneficiary	1 HIV test per beneficiary	1 flu vaccine per beneficiary
CARDIAC HEALTH	1 full lipogram every 5 years, for members aged 20 and over		1 full lipogram every 5 years, for members aged 20 and over	
WOMEN'S HEALTH	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65
MEN'S HEALTH	1 prostate screening antigen test for men between ages 45 and 69		1 prostate screening antigen test for men between ages 45 and 69	
ELDERLY HEALTH	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 50 and 75	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 50 and 75

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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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
WELLNESS EXTENDER	Available after completing a wellness screening	R1 810 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary • Access to Run/Walk for Life 	Available after completing a wellness screening	R1 810 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary • Access to Run/Walk for Life
	Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening		Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening	
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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CHRONIC BENEFITS

STANDARD

Standard offers cover for the **45** chronic conditions listed below, limited to **R10 130** per beneficiary and **R20 340** 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**.

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Standard Select offers cover for the **45** chronic conditions listed below, limited to **R10 130** per beneficiary and **R20 340** 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**.

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

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MANAGED CARE PROGRAMMES

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.

STANDARD & STANDARD^{SELECT}

BACK AND NECK	Helps manage severe back and neck pain	Offers a personalised treatment plan for up to 6 weeks, including assistance from doctors, physiotherapists and biokineticists
	Gives access to a home care plan to maintain long-term results	We cover the cost of the programme
	Highly effective and low-risk, with an excellent success rate	Uses the DBC network
CANCER	Puts you first, offering emotional and medical support	Delivers cost-effective care of the highest quality
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Matches the treatment plan to your benefits to ensure you have the cover you need
	Access to a social worker for you and your loved ones	Uses the ICON network of oncology specialists
	Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)	
DIABETES MANAGEMENT	Empowers you to make the right decisions to stay healthy	Offers a personalised care plan for your specific needs
	Provides cover for the tests required for the management of diabetes as well as other chronic conditions	Helps you track the results of the required tests
	Offers access to diabetes doctors, dieticians and podiatrists	Helps you better understand your condition through diabetes education
	Gives access to a dedicated Health Coach to answer any questions you may have	
HIP AND KNEE REPLACEMENT	Based on the latest international standardised clinical care pathways	Uses a multidisciplinary team, dedicated to assist with successful recovery
	Doctors evaluate and treat your condition before surgery to give you the best outcomes	Treatment is covered in full on the ICPS network
HIV/AIDS	Provides you with appropriate treatment and tools to live a normal life	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Helps in finding a registered counsellor for emotional support
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
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

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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	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R27 530 per family, in and out-of-hospital	Pre-authorisation required	R27 530 per family, in and out-of-hospital	Pre-authorisation required
	R1 500 co-payment per scan except for PMB		R1 500 co-payment per scan except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)	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
	R46 620 per family	Managed Care protocols apply	R46 620 per family	Managed Care protocols apply
INTERNAL AND EXTERNAL PROSTHESES	Sublimit of R5 540 per breast prosthesis (limited to 2 per year)	You must use a preferred supplier	Sublimit of R5 540 per breast prosthesis (limited to 2 per year)	You must use a preferred supplier
SPINAL SURGERY	You will have to pay a R15 000 co-payment if you do not go for an assessment through the back and neck programme		You will have to pay a R15 000 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 R30 000 co-payment if you decide not to use a Designated Service Provider		You will have to pay a R30 000 co-payment if you decide not to use a Designated Service Provider	
INTERNAL NERVE STIMULATORS	R174 600 per family		R174 600 per family	
COCHLEAR IMPLANTS	R292 900 per family	You must use a preferred supplier	R292 900 per family	You must use a preferred supplier
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	
MENTAL HEALTH HOSPITALISATION	R41 980 per family	No cover for physiotherapy for mental health admissions	R41 980 per family	No cover for physiotherapy for mental health admissions
	You must use a Designated Service Provider, or a 30% co-payment will apply		You must use a Designated Service Provider, or a 30% co-payment will apply	
TAKE-HOME MEDICINE	R490 per beneficiary, per hospital stay		R490 per beneficiary, per hospital stay	
PHYSICAL REHABILITATION	R52 320 per family		R52 320 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R17 450 per family	Managed Care protocols apply	R17 450 per family	Managed Care protocols apply
TERMINAL CARE (ONCOLOGY ONLY)	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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STANDARD

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CANCER TREATMENT
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R344 500 per family	You must use a preferred provider
Sublimit of R44 220 per beneficiary for Brachytherapy	
Unlimited	Sublimit of R33 220 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 200 co-payment will apply	

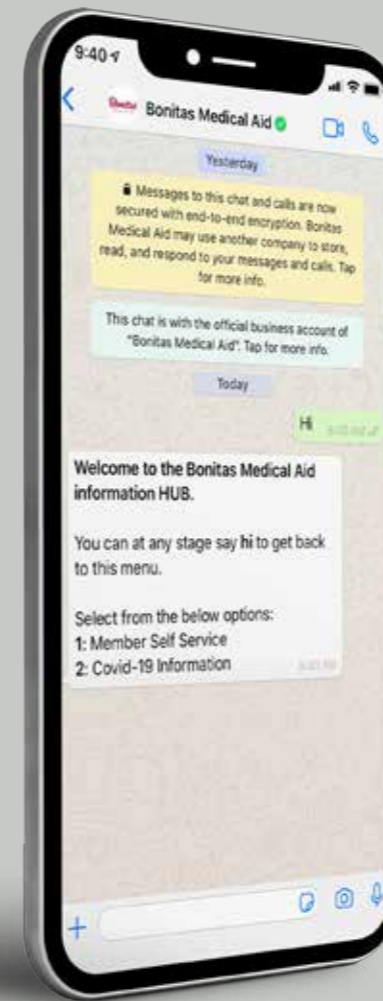
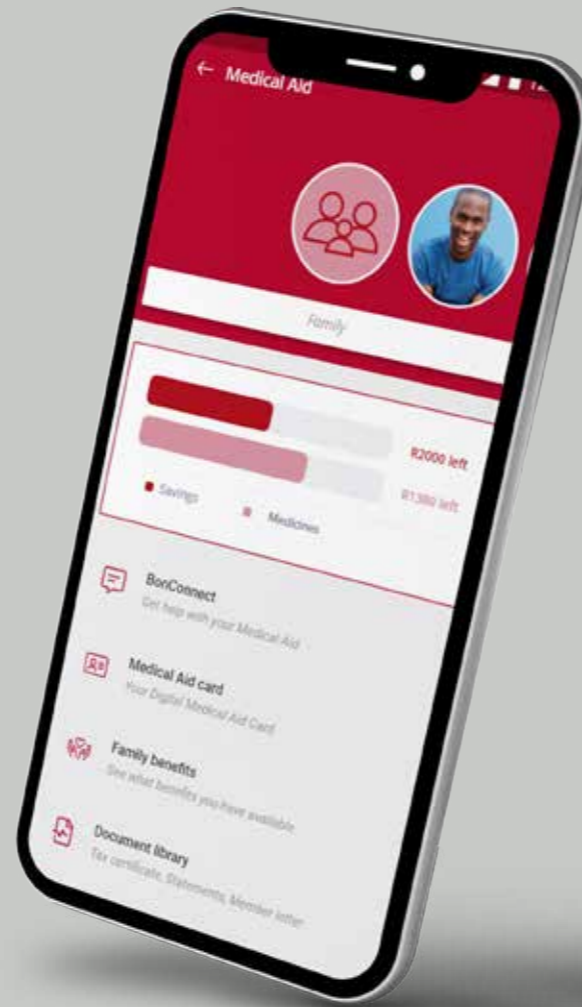
R344 500 per family	You must use a preferred provider
Sublimit of R44 220 per beneficiary for Brachytherapy	
Unlimited	Sublimit of R33 220 per beneficiary for corneal grafts
Unlimited	You must use a Designated Service Provider, or a 20% co-payment will apply
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the Designated Service Provider
You must use a network day hospital or a R4 400 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.

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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.