

A smiling woman with short dark hair, wearing round sunglasses and large blue and gold earrings, is shown from the waist up. She is wearing a vibrant red, off-the-shoulder dress. She is standing on a rocky shore with waves crashing against the rocks in the background. The sky is bright and clear. The entire scene is framed by a thin red border.

PRIMARY & PRIMARY SELECT

TRADITIONAL

2022

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

PRIMARY

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R2 654	R2 076	R844

PRIMARY SELECT

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R2 322	R1 816	R738

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?

SMS **SWITCH** TO **33035** OR VISIT **BONITAS.CO.ZA/JOIN**

SMSs CHARGED AT R1.50. FREE SMSs DO NOT APPLY. Ts & Cs APPLY.

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.

GP CONSULTATIONS

(including virtual care consultations)

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

PRIMARY

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.

R1 960	R635 of this can be used for non-network GP consultations, a 30% co-payment applies
R3 610	R1 200 of this can be used for non-network GP consultations, a 30% co-payment applies
R4 270	R1 360 of this can be used for non-network GP consultations, a 30% co-payment applies
R4 590	R1 530 of this can be used for non-network GP consultations, a 30% co-payment applies
R5 200	R1 810 of this can be used for non-network GP consultations, a 30% co-payment applies

PRIMARY 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.

R1 960	2 non-network or non-nominated GP visits allowed per family per year, a 30% co-payment applies to non-network GPs
R3 610	
R4 270	
R4 590	
R5 200	

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

These benefits provide cover for consultations with your specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Out-of-hospital tests and specialist consultations as specified in the PMB treatment plans will accrue to your day-to-day benefits.

R2 750
R4 920
R5 780
R6 210
R6 730

R2 750
R4 920
R5 780
R6 210
R6 730

SPECIALIST CONSULTATIONS

BLOOD AND OTHER LABORATORY TESTS

X-RAYS AND ULTRASOUNDS

ACUTE MEDICINE

PRIMARY

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	

PRIMARY SELECT

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OVER-THE-COUNTER MEDICINE
HOMEOPATHIC MEDICINE
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIKINETICS
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
MENTAL HEALTH CONSULTATIONS
OPTOMETRY
EYE TESTS
SINGLE VISION LENSES (CLEAR) OR
BIFOCAL LENSES (CLEAR) OR
MULTIFOCAL LENSES (CLEAR)
FRAMES
CONTACT LENSES

PRIMARY			
Paid from available day-to-day benefits		Limited to R515 per beneficiary and R1 510 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			
Limited to and included in the day-to-day benefit		You must use a Designated Service Provider	
Subject to frequency limits and Managed Care protocols		The day-to-day benefit may be exceeded by R6 910 per family for Stoma Care and CPAP machines	
R14 240 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 R10 280 per family	
R5 163 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	
R525 per beneficiary at a network provider		OR	R394 per beneficiary at a non-network provider
R1 295 per beneficiary (included in the family limit)			

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PRIMARY

BASIC DENTISTRY
CONSULTATIONS
X-RAYS: INTRA-ORAL
X-RAYS: EXTRA-ORAL
PREVENTATIVE CARE
FILLINGS
ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY
SURGERY IN THE DENTAL CHAIR
HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS)

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	
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	Benefit for root canal includes all teeth except primary teeth and permanent molars
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorisation required
Managed Care protocols apply	
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
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

PRIMARY SELECT

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2 annual check-ups per beneficiary (once every 6 months)	
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General anaesthetic benefit is available for the removal of impacted wisdom teeth	Managed Care protocols apply
Pre-authorisation required	
Managed Care protocols apply	
Limited to extensive dental treatment	Managed Care protocols apply
Pre-authorisation required	

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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.

CONTRACEPTIVES

- R1 660 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
- 1 Paediatrician or GP consultation per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 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

- 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)

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 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



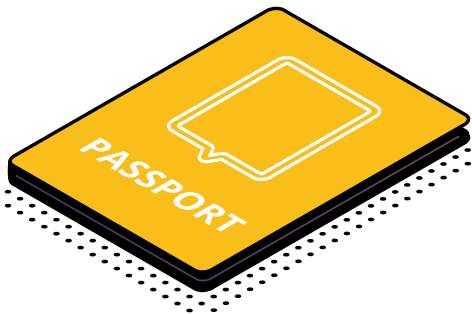
INTERNATIONAL TRAVEL BENEFIT

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 310 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

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CHRONIC BENEFITS

Primary Select ensures 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.

PRIMARY

&

PRIMARY SELECT

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

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MANAGED CARE PROGRAMMES

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



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



CANCER

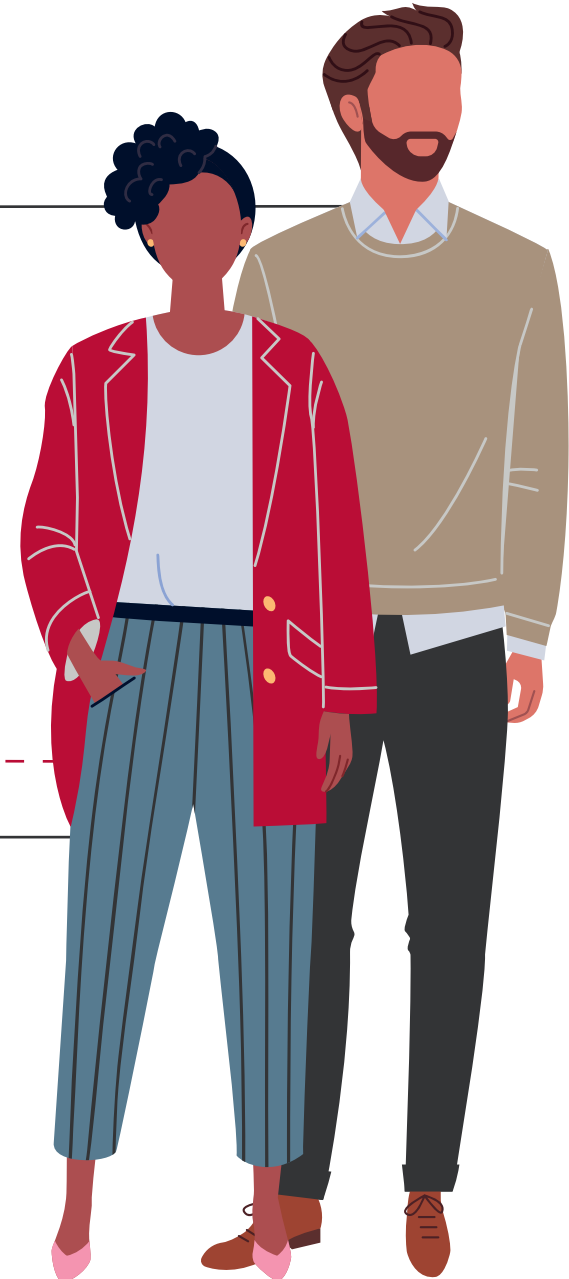
- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network 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



HOME-BASED CARE (provided by Quro 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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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 Primary Select option you must use a hospital on the Primary Select network or you will have to pay a 30% co-payment.

	PRIMARY		PRIMARY 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)	R14 240 per family, in and out-of-hospital	Pre-authorisation required	R14 240 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	
CATARACT SURGERY	You must use a Designated Service Provider, or a R6 230 co-payment will apply		You must use a Designated Service Provider, or a R6 230 co-payment will apply	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner	Limited to and included in the day-to-day benefit	Subject to referral by treating practitioner
INTERNAL PROSTHESIS	PMB only	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION	R17 010 per family	No cover for physiotherapy for mental health admissions	R17 010 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	Limited to a 7-day supply up to R420 per hospital stay		Limited to a 7-day supply up to R420 per hospital stay	
PHYSICAL REHABILITATION	R54 360 per family		R54 360 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R18 130 per family	Managed Care protocols apply	R18 130 per family	Managed Care protocols apply
PALLIATIVE 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
CANCER TREATMENT	R165 500 per family, unless PMB	Sublimit of R51 000 per beneficiary for Brachytherapy	R165 500 per family, unless PMB	Sublimit of R51 000 per beneficiary for Brachytherapy

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

Subject to MPL and preferred product list	You must use a Designated Service Provider, or a 20% co-payment will apply
PMB only	
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	

Subject to MPL and preferred product list	You must use a Designated Service Provider, or a 20% co-payment will apply
PMB only	
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	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
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R1 630 co-payment	R4 140 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

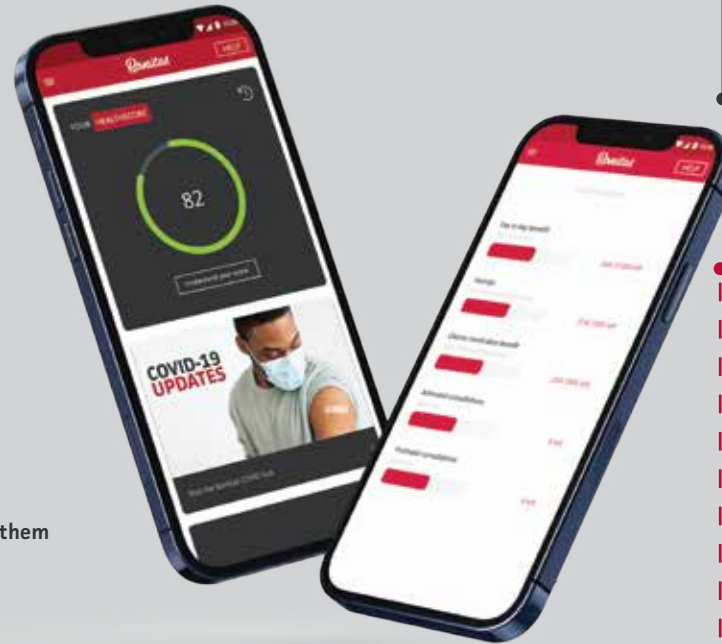
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DOWNLOAD THE NEW BONITAS MEMBER APP

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!

