



WHAT YOU PAY

BONSTART

| MAIN MEMBER | R1 498 |
|--------------------|--------|
| ADULT DEPENDANT | R1 498 |
| CHILD DEPENDANT | R1 498 |

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

BONSTART PLUS

| MAIN MEMBER | R1 907 |
|--------------------|--------|
| ADULT DEPENDANT | R1 813 |
| CHILD DEPENDANT | R840 |

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

DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.





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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

OUT-OF-HOSPITAL BENEFITSPlease 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. See page 6 for more information.

| VIRTUAL CARE GP AND NURSE CONSULTATIONS |
|--|
| GP CONSULTATIONS |
| EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY) |
| 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 GP REFERRAL) |
| OPTOMETRY |

| BONSTART | | |
|--|---|--|
| Unlimited network GP and Nurse Virtual Care consultations | | |
| Unlimited network GP consultations | Authorisation required after 6th visit | |
| R125 co-payment per visit | 2 non-network GP consultations for emergencies per family | |
| 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital | Benefit limited to emergencies only | |
| Limited to R1 780 per family Subject to the radiology and pathology formulary | | |
| For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using the Bonitas Pharmacy Network • Subject to medicine formulary use | | |
| Limited to R110 per event | Maximum of R545 per family, per year | |
| Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening | Avoid a 20% co-payment by using the Bonitas Pharmacy Network | |
| Limited to 1 visit per family up to R1 320 | Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist | |
| R265 co-payment per visit | Subject to GP referral | |
| 1 eye test per beneficiary at a network provider | R110 co-payment | |
| Limited to R400 at a non-network provider | | |

BONSTART PLUS

| Unlimited network GP and Nurse Virtual Care consultations | |
|--|---|
| Unlimited network GP consultations | Authorisation required after 10th visit |
| R70 co-payment per visit | 2 non-network GP consultations for emergencies per family |
| 2 emergency consultations per family at a casualty ward or emergency room facility of a hospital | Benefit limited to emergencies only |
| Limited to R3 320 per family | Subject to the radiology and pathology formulary |

For acute medicine:

- · A 20% co-payment will apply per script
- · Avoid a 40% co-payment by using the Bonitas Pharmacy Network
- · Subject to medicine formulary use

| Limited to R175 per event | Maximum of R825 per family, per year | |
|--|---|--|
| Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening | Avoid a 20% co-payment by using the Bonitas Pharmacy Network | |
| Limited to 2 visits per family up to R2 380 | Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist | |
| R125 co-payment per visit | Subject to GP referral | |
| 1 eye test per beneficiary at a network provider | R110 co-payment | |
| Limited to R400 at a non-network provider | | |

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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

BONSTART & BONSTART PLUS 2025 OUT-OF-HOSPITAL BENEFITS

BASIC DENTISTRY GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) IN-ROOM PROCEDURES PHYSIOTHERAPY MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 9) HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)

| BONSTART | | |
|---|---|--|
| 1 dental consultation per beneficiary | R125 co-payment | |
| Managed Care protocols apply | 1 annual scale and polish treatment per beneficiary | |
| Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years | Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year | |
| PMB only | Subject to frequency limits as per Managed Care protocols | |
| Cover for a defined list of approved procedures performed in the specialist's rooms | Pre-authorisation required | |
| 2 consultations per beneficiary for sport-related injuries | R125 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 DSP | |

DONGTART

| BONSTART PLUS | | | |
|---|--|--|--|
| R70 co-payment | | | |
| 1 annual scale and polish treatment per beneficiary | | | |
| Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year | | | |
| Subject to frequency limits as per Managed Care protocols | | | |
| Pre-authorisation required | | | |
| R70 co-payment | | | |
| You must get a referral from your network GP or medical specialist | | | |
| PMB only | | | |
| Avoid a 30% co-payment by obtaining your chronic medicine from the DSP | | | |
| | | | |

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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

CHRONIC BENEFITS

BonStart and BonStart Plus cover you for the 28 chronic conditions 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 30% co-payment. Pre-authorisation is required.

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 |

ADDITIONAL CONDITION COVERED

28. Depression (medication up to R160 per beneficiary, per month)

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT

AFRICA BENEFIT

| Up to R2.5 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 | |
|--|---|--|
| You must register for this benefit prior to departure | | |
| In and out-of-hospital treatment covered at 100% of the Bonitas Rate | Subject to authorisation | |

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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider



BENEFIT BOOSTER





TO PAY FOR OUT-OF-HOSPITAL CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an extra out-of-hospital benefit amount in addition to your day-to-day or savings amount, that you get after completing an online wellness questionnaire and/or wellness screening. Once activated, out-of-hospital claims like GP visits, over-the-counter medicine, X-rays and blood tests will then first pay from the available Benefit Booster amount – helping your day-to-day benefit/savings last longer.

Annual amount available per family

| IF YOU ARE ON | YOUR BENEFIT BOOSTER AMOUNT | |
|---------------|--------------------------------|--|
| BonStart | R1 160 | |
| BonStart Plus | R1 160 | |

HOW TO ACTIVATE IT

Complete an online wellness questionnaire (on the Bonitas app or website) or wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day).

Ts & Cs apply. 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)

MOTHER & CHILD CARE



NEW [Paid from available Benefit Booster, subject to formulary)

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
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls
- Online assessments for pregnancy and mental health



CHILDCARE

- Babyline: 24/7 helpline for medical advice for children under 3 years
- Milestone reminders for children under 3 years
- NEW Online screenings for infant and toddler health
 - 2 vision screening tests for premature newborns up to6 weeks, in or out-of-hospital

BONSTART PLUS ONLY

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Immunisation (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12



8

BE BETTER BENEFIT



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, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16
- Covid-19 vaccines and boosters as directed by the National Department of HealthW
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy, biokineticist or a Bonitas wellness day

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol

- Glucose

- Body Mass Index
- Waist-to-hip ratio



CONTRACEPTIVES

- R1 270 for BonStart & R1 540 for BonStart Plus per family (for women aged up to 50)
- You must use a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider, for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or the Designated Service Provider, a 40% co-payment applies



CARE PROGRAMMES



MENTAL HEALTH

- Available to members who suffer from depression, anxiety, post-traumatic stress disorder and alcohol abuse, limited to R13 850 per beneficiary
- 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 help you understand the importance of preventative care and the use of wellness benefits as well as resolve queries related to any other health condition
- Provides educational material on mental health which empowers you to manage your condition
- A digital platform designed to give members easy access to mental health information, community support and expert help
- Primary care support through a GP and assistance to facilitate enrolment on the programme



- Accessible to all female members aged 18 and above
- Guidance, support, and education led by women's healthcare experts
- Early detection of diseases and seamless access to specialised care
- Proactive support in accessing essential healthcare services
- Promotion of preventative healthcare strategies tailored to women's needs
- Online health assessments tailored to female health concerns
- Empowerment of women to actively manage their health

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

CARE PROGRAMMES



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



- 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
- Offers 1 annual pap smear for members who had a positive cytology test
- 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

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 R12 680 co-payment by using a hospital on the applicable network.

| PRIVATE HOSPITAL CARE |
|---|
| GP CONSULTATIONS |
| SPECIALIST CONSULTATIONS |
| BLOOD TESTS |
| BLOOD TRANSFUSIONS |
| X-RAYS AND ULTRASOUNDS |
| MRIS AND CT SCANS (SPECIALISED RADIOLOGY) |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST) |
| PHYSIOTHERAPY AND BIOKINETICS |
| CHILDBIRTH |
| NEONATAL CARE |
| INTERNAL PROSTHESES |
| EXTERNAL PROSTHESES |
| MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 9) |
| TAKE-HOME MEDICINE |

PHYSICAL REHABILITATION

| BONSTART | | |
|--|--|--|
| Unlimited at the applicable hospital network | R1 780 co-payment per admission, except for PMB emergencies | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| R30 880 per family except for PMB | | |
| R22 430 per family except for PMB | | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| R14 090 per family | Pre-authorisation required | |
| R2 800 co-payment per scan event excep | t for PMB | |
| PMB only | Subject to referral by treating practitioner | |
| PMB only | Subject to referral by treating practitioner | |
| Unlimited at the applicable hospital network | Avoid a R12 680 co-payment by using a hospital on the applicable network | |
| Emergency approved C-sections only | Managed Care protocols apply | |
| Limited to R55 080 per family except for | PMB | |
| PMB only | Managed Care protocols apply | |
| PMB only | | |
| PMB only | No cover for physiotherapy for mental health admissions | |
| Avoid a R12 680 co-payment by using a h | ospital on the applicable network | |
| Limited to a 7-day supply up to R465 per | hospital stay | |
| R60 210 per family | Pre-authorisation required | |

| BONSTART PLU | S | |
|--|--|--|
| Unlimited at the applicable hospital network | R1 190 co-payment per admission, except for PMB emergencies | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| Unlimited, covered at 100% of the Bonita | as Rate | |
| R19 130 per family | Pre-authorisation required | |
| R2 240 co-payment per scan event excep | t for PMB | |
| PMB only | Subject to referral by treating practitioner | |
| PMB only | Subject to referral by treating practitioner | |
| Unlimited at the applicable hospital network | Avoid a R12 680 co-payment by using a hospital on the applicable network | |
| Emergency approved C-sections only | Managed Care protocols apply | |
| Limited to R55 080 per family except for | PMB | |
| R19 130 per family (no cover for joint rep | lacement except for PMB) | |
| Managed Care protocols apply | Pre-authorisation required | |
| PMB only | | |
| PMB only | No cover for physiotherapy for mental health admissions | |
| Avoid a R12 680 co-payment by using a h | ospital on the applicable network | |
| Limited to a 7-day supply up to R465 per | hospital stay | |
| R60 210 per family | Pre-authorisation required | |

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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

| LTERNATIVES TO HOSPITAL | R17 340 per family | Pre-authorisation required | R20 090 per family | Pre-authorisation required |
|--|--|--|--|--|
| HOSPICE, STEP-DOWN FACILITIES) | Managed Care protocols apply | | Managed Care protocols apply | |
| | Unlimited, subject to using the DSP | Managed Care protocols apply | Unlimited, subject to using the DS | SP Managed Care protocols apply |
| ALLIATIVE CARE CANCER ONLY) | Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support | | Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support | |
| ATARACT SURGERY | Avoid a R7 130 co-payment by using the DSP | | Avoid a R7 130 co-payment by using the DSP | |
| PENTISTRY | PMB only | | PMB only | |
| ANCER TREATMENT SUBJECT TO REGISTRATION ON THE | Unlimited for PMBs | Pre-authorisation required | Unlimited for PMBs | Pre-authorisation required |
| DNCOLOGY MANAGEMENT PROGRAMME – <i>SEE</i> PAGE 9) | Avoid a 30% co-payment by using a DSP | | Avoid a 30% co-payment by using a DSP | |
| VET SCANS SUBJECT TO REGISTRATION ON THE DINCOLOGY MANAGEMENT PROGRAMME) | PMB only | | Avoid a 25% co-payment by using a provider on the network | |
| ANCER MEDICINE | Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a DSP | Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a DSP |
| DE AN TRANSPIANTS | PMB only | Pre-authorisation required | PMB only | Pre-authorisation required |
| ORGAN TRANSPLANTS | Avoid a 30% co-payment by using a DSP | | Avoid a 30% co-payment by using a DSP | |
| CIDNEY DIALYSIS | PMB only | Pre-authorisation required | PMB only | Pre-authorisation required |
| Avoid a 30% co-payment by using a DSP | | Avoid a 30% co-payment by using a DSP | | |
| IIV/AIDS ALSO SEE CARE PROGRAMMES PAGE 10) | Unlimited, if you register on the HIV/AIDS programme | Avoid a 30% co-payment by obtaining your chronic medicine from the DSP | Unlimited, if you register on the HIV/AIDS programme | Avoid a 30% co-payment by obtaining your chronic medicine from the DSP |
| APPLIES TO SELECTED PROCEDURES) | Avoid a R12 680 co-payment by using a network day hospital | | Avoid a R12 680 co-payment by us | sing a network day hospital |

| PROCEDURE CO-PAYMENTS |
|-------------------------------|
| (SUBJECT TO PRE-AUTHORISATION |

SURGICAL PROCEDURES THAT ARE NOT COVERED

| 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 | Gastroscopies, colonoscopies and all other endoscopies |
| Nail disorders | Knee and shoulder surgery |
| Skin disorders, including benign growths and lipomas | In-hospital dental surgery |

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. PMB = Prescribed Minimum Benefits DSP = Designated Service Provider

BONSTART & BONSTART PLUS 2025 12 **IN-HOSPITAL BENEFITS**



Ponitas

MAKE THE MOST OF YOUR **BONITAS MEMBERSHIP**WITH THE **MEMBER INFORMATION HUB** ON OUR WEBSITE!

We know that medical aid can be confusing at times, but we've made it easy for you to quickly access essential medical aid information. And there is no need to log in, just info at the click of a button, like:

- · How to get your claims paid quickly
- · Effortlessly getting hospital authorisations
- · Registering your chronic medicine
- Accessing our maternity programme
- Getting more benefits with the Benefit Booster
- · Going for a free wellness screening
- · And much more...

You can also make use of the new "Quick find" search function on our website to quickly find answers to frequently asked medical aid-related questions!

TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR, OR VISIT BONITAS.CO.ZA





www.bonitas.co.za



f Bonitas Medical Fund

@BonitasMedical

