

TRADITIONAL

**PRIMARY
PRIMARY SELECT**




2025

Bonitas
Medical Aid for South Africa



WHAT YOU PAY




PRIMARY

| | |
|---|---------------|
|  MAIN MEMBER | R3 307 |
|  ADULT DEPENDANT | R2 587 |
|  CHILD DEPENDANT | R1 052 |

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

PRIMARY SELECT

| | |
|--|---------------|
|  MAIN MEMBER | R2 946 |
|  ADULT DEPENDANT | R2 304 |
|  CHILD DEPENDANT | R936 |

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



OUT-OF-HOSPITAL BENEFITS

Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first (See page 7 for more information). Simply follow the steps below:

- To activate Level 1, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate Level 2 and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the total amount from the get-go, simply complete a wellness screening from the start

OVERALL DAY-TO-DAY LIMIT

| |
|---|
| MAIN MEMBER ONLY |
| MAIN MEMBER + 1 DEPENDANT |
| MAIN MEMBER + 2 DEPENDANTS |
| MAIN MEMBER + 3 OR MORE DEPENDANTS |

| PRIMARY |
|----------------------------|
| DAY-TO-DAY BENEFITS |

The day-to-day benefits provide cover for consultations with your GP and specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses up to the overall day-to-day limit, subject to the relevant sublimit per category.

| |
|---------|
| R5 330 |
| R8 520 |
| R10 650 |
| R11 720 |

| PRIMARY SELECT |
|----------------------------|
| DAY-TO-DAY BENEFITS |

| |
|---------|
| R5 330 |
| R8 520 |
| R10 650 |
| R11 720 |

DAY-TO-DAY SUBLIMITS

The sublimits below are the maximum available for each category, subject to the overall day-to-day limit.

| |
|--|
| MAIN MEMBER ONLY |
| MAIN MEMBER + 1 DEPENDANT |
| MAIN MEMBER + 2 DEPENDANTS |
| MAIN MEMBER + 3 OR MORE DEPENDANTS |
| GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) |
| NON-SURGICAL PROCEDURES |

| PRIMARY & PRIMARY SELECT | | | |
|--|---|--|--|
| GP & SPECIALIST CONSULTATIONS | ACUTE AND OVER-THE-COUNTER | X-RAYS & BLOOD TESTS | AUXILIARY SERVICES |
| For specialist consultations you must get a referral from your GP (including virtual care consultations). On Primary Select: <ul style="list-style-type: none"> • You must nominate 2 GPs on our network for each beneficiary for the year • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs only | <ul style="list-style-type: none"> • Avoid a 20% co-payment by using a Bonitas Pharmacy Network • Avoid a 20% co-payment by using medicine that is on the formulary • Over-the-counter medicine is limited to R565 per beneficiary and R2 240 per family | This category applies to blood and other laboratory tests as well as X-rays and ultrasounds. | This category applies to physiotherapy, podiatry and biokinetics, allied medical professionals (such as dietitians, speech and occupational therapists) and alternative healthcare (20% co-payment applies to homeopathic medicine). |
| R2 240 | R1 680 | R2 240 | R2 240 |
| R3 920 | R2 800 | R2 800 | R2 800 |
| R5 040 | R3 370 | R3 370 | R3 370 |
| R5 040 | R3 370 | R3 370 | R3 370 |
| Subject to the available overall day-to-day limit | | Subject to frequency limits as per Managed Care protocols | |
| R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols | | | |
| Subject to the available overall day-to-day limit | | Subject to the available overall day-to-day limit | |

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

These benefits are in addition to your overall day-to-day limit.

ADDITIONAL GP CONSULTATION
(WHEN THE GP & SPECIALIST CONSULTATIONS DAY-TO-DAY SUBLIMIT IS REACHED)

ADDITIONAL SPECIALIST CONSULTATION

EMERGENCY ROOM BENEFIT
(FOR EMERGENCIES ONLY)

MRIs AND CT SCANS
(SPECIALISED RADIOLOGY)

MENTAL HEALTH CONSULTATIONS
(ALSO SEE CARE PROGRAMMES PAGE 10)

IN-ROOM PROCEDURES

OPTOMETRY

EYE TESTS

SINGLE VISION LENSES (CLEAR) OR

BIFOCAL LENSES (CLEAR) OR

MULTIFOCAL LENSES

FRAMES (AND/OR LENS ENHANCEMENTS)

CONTACT LENSES

PRIMARY

1 network GP consultation per family

1 network specialist consultation per family

You must get a referral from your network GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

R15 960 per family, in and out-of-hospital

Pre-authorisation required

R2 240 co-payment per scan event except for PMB

In and out-of-hospital consultations (included in the mental health hospitalisation benefit)

Limited to R12 230 per family

Cover for a defined list of approved procedures performed in the specialist's rooms

Pre-authorisation required

Once every 2 years (based on the date of your previous claim)

Each beneficiary can choose glasses **OR** contact lenses

1 consultation per beneficiary, at a network provider

OR R400 per beneficiary for an eye examination, at a non-network provider

100% towards the cost of lenses at network rates

R215 per lens, per beneficiary, out of network

100% towards the cost of lenses at network rates

R460 per lens, per beneficiary, out of network

100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

R635 per beneficiary at a network provider

OR R476 per beneficiary at a non-network provider

R1 475 per beneficiary

PRIMARY SELECT

1 network GP consultation per family

1 network specialist consultation per family

You must get a referral from your network GP

2 emergency consultations per family at a casualty ward or emergency room facility of a hospital

2 emergency consultations at a casualty ward or emergency room facility of a hospital for children under the age of 6

If it is not classified as an emergency, it will be paid from the available GP & specialist day-to-day benefit

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100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network

R635 per beneficiary at a network provider

OR R476 per beneficiary at a non-network provider

R1 475 per beneficiary

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These benefits are in addition to your overall day-to-day limit.

| |
|---|
| 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 SEDATION) |

| PRIMARY | |
|---|---|
| Covered at 75% of the Bonitas Dental Tariff | Subject to the Bonitas Dental Management Programme and a DSP |
| 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), once every 4 years for beneficiaries 21 years and older | |
| 25% co-payment applies | Pre-authorisation required |
| Covered at 75% of the Bonitas Dental Tariff | Managed Care protocols apply |
| PMB only | Avoid a 30% co-payment by using a hospital on the applicable network |
| Pre-authorisation required | |
| Covered at 75% of the Bonitas Dental Tariff | Managed Care protocols apply |
| Limited to extensive dental treatment | Managed Care protocols apply |
| Covered at 75% of the Bonitas Dental Tariff | Pre-authorisation required |

| PRIMARY SELECT | |
|---|---|
| Covered at 75% of the Bonitas Dental Tariff | Subject to the Bonitas Dental Management Programme and a DSP |
| 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), once every 4 years for beneficiaries 21 years and older | |
| 25% co-payment applies | Pre-authorisation required |
| Covered at 75% of the Bonitas Dental Tariff | Managed Care protocols apply |
| PMB only | Avoid a 30% co-payment by using a hospital on the applicable network |
| Pre-authorisation required | |
| Covered at 75% of the Bonitas Dental Tariff | Managed Care protocols apply |
| Limited to extensive dental treatment | Managed Care protocols apply |
| Covered at 75% of the Bonitas Dental Tariff | 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

CHRONIC BENEFITS

Primary and Primary Select cover you for the **28** chronic conditions listed below on the applicable formulary. You must use the Bonitas Chronic Medicine Courier Pharmacy Network to get your medicine. If you choose not to use the Bonitas Chronic Medicine Courier Pharmacy Network 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.

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 |

ADDITIONAL CONDITION COVERED

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

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL 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

AFRICA BENEFIT

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

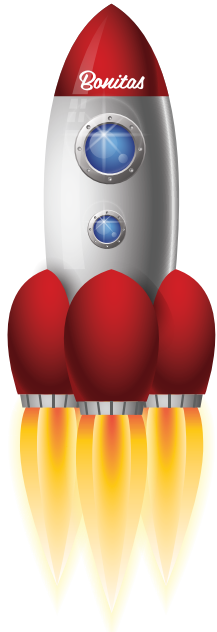
All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits **DSP** = Designated Service Provider

BENEFIT BOOSTER



**GET UP TO
R3 800
EXTRA BENEFITS**

**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 |
|-------------------------------------|----------------|-----------------------------|
| PRIMARY & PRIMARY SELECT | Level 1 | R750 |
| | Level 2 | R3 050 |
| | Total | R3 800 |

HOW TO ACTIVATE IT

- To activate **Level 1**, complete an online wellness questionnaire (on the Bonitas app or website)
- To activate **Level 2** and get the rest of the amount, complete a wellness screening (at a participating pharmacy, biokineticist or Bonitas wellness day)
- To activate the **total amount** from the get-go, simply complete a wellness screening from the start

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



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)
- **R195 per month for antenatal vitamins during pregnancy** (Paid from available acute medicine benefit or Benefit Booster, subject to formulary)

NEW



CHILDCARE

- Hearing screening for newborns up to 8 weeks, 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 consultations 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 (including reminders) according to Expanded Programme on Immunisation in South Africa up to the age of 12
- **Milestone reminders for children under 3 years**
- **Online screenings for infant and toddler health**
- **2 vision screening tests for premature newborns up to 6 weeks, in or out-of-hospital**

NEW



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**

NEW





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 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 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
- 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 970 per family (for women aged up to 50)

PRIMARY:

- 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

PRIMARY SELECT:

- You must use Pharmacy Direct, our Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use 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

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

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better
- Includes two consultations with a Diabetes Nurse Educator to provide specialised diabetes care (NEW)

BACK AND NECK



- Assessment of back and neck pain to determine the level of care required before surgery to give you the best outcome
- Offers a personalised treatment plan for up to 6 weeks
- Includes treatment from doctors, back and neck physiotherapists and/or biokineticists
- Gives access to a home care plan to maintain long-term results and helps manage severe back and neck pain
- Highly effective and low-risk, with an excellent success rate
- We cover the cost of the programme, excluding X-rays
- Uses the DBC network

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



NEW GERIATRIC CARE

- Screening, prevention and wellness benefits for elderly members offered in the comfort of their own homes, paid from Risk
- Provides a wellness screening to reveal your important numbers like blood pressure, blood glucose, cholesterol, BMI etc.
- Offers essential vaccines like the flu and pneumococcal vaccines to stay protected
- Covers age-appropriate screenings to promote early detection to save lives i.e. prostate, breast, and cervical cancer screenings
- Gives a falls risk assessment to identify risks around the house to prevent falls and stay independent
- Includes seamless coordination of care with a nominated GP
- Offers chronic condition registration to improve medicine access and disease management



NEW FEMALE HEALTH

- 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



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
- 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 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 these options you can avoid a 30% co-payment by using a hospital on the applicable network.

| | 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) | R15 960 per family, in and out-of-hospital | Pre-authorisation required | R15 960 per family, in and out-of-hospital | Pre-authorisation required |
| | R2 240 co-payment per scan event except for PMB | | R2 240 co-payment per scan event except for PMB | |
| CATARACT SURGERY | Avoid a R7 420 co-payment by using the DSP | | Avoid a R7 420 co-payment by using the DSP | |
| 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 BIOKINETICS | 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 PROSTHESES | PMB only | Managed Care protocols apply | PMB only | Managed Care protocols apply |
| MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10) | R19 060 per family | No cover for physiotherapy for mental health admissions | R19 060 per family | No cover for physiotherapy for mental health admissions |
| | Avoid a 30% co-payment by using a hospital on the applicable network | | Avoid a 30% co-payment by using a hospital on the applicable network | |
| TAKE-HOME MEDICINE | Limited to a 7-day supply up to R470 per hospital stay | | Limited to a 7-day supply up to R470 per hospital stay | |
| PHYSICAL REHABILITATION | R60 900 per family | | R60 900 per family | |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) | R20 310 per family | Managed Care protocols apply | R20 310 per family | Managed Care protocols apply |
| PALLIATIVE CARE (CANCER ONLY) | Unlimited, subject to using the DSP | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support | Unlimited, subject to using the DSP | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |

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CANCER TREATMENT

(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – SEE PAGE 10)

PET SCANS

(SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)

CANCER MEDICINE**ORGAN TRANSPLANTS****KIDNEY DIALYSIS****HIV/AIDS**

(ALSO SEE CARE PROGRAMMES PAGE 11)

DAY SURGERY PROCEDURES

(APPLIES TO SELECTED PROCEDURES)

PROCEDURE CO-PAYMENTS

(PER EVENT, SUBJECT TO PRE-AUTHORISATION)

PRIMARY

| | |
|---|--|
| Unlimited for PMBs | R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached. |
| Avoid a 30% co-payment by using a DSP | Sublimit of R60 680 per beneficiary for Brachytherapy |
| PMB only | Avoid a 25% co-payment by using a provider on the network |
| Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a DSP |
| PMB only | |
| Unlimited | Avoid a 20% co-payment by using a DSP |
| Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the DSP |
| Avoid a R2 720 co-payment by using a network day hospital | |

PRIMARY SELECT

| | |
|---|--|
| Unlimited for PMBs | R224 100 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached. |
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| Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a DSP |
| PMB only | |
| Unlimited | Avoid a 20% co-payment by using a DSP |
| Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the DSP |
| Avoid a R5 440 co-payment by using a network day hospital | |

R1 940 co-payment

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

R4 930 co-payment

1. Arthroscopy
2. Diagnostic Laparoscopy
3. Laparoscopic Hysterectomy
4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)

R9 130 co-payment

1. Laparoscopic Pyeloplasty
2. Laparoscopic Radical Prostatectomy
3. Nissen Fundoplication (Reflux Surgery)

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!

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