

SAVINGS



**BONCOMPREHENSIVE
BONCOMPLETE**

2024




Bonitas

Medical Aid for South Africa

Bonitas




WHAT YOU PAY

BONCOMPREHENSIVE

 MAIN MEMBER	R9 853
 ADULT DEPENDANT	R9 292
 CHILD DEPENDANT	R2 006

BONCOMPREHENSIVE PROVIDES ACCESS TO **ANY PRIVATE HOSPITAL** AND USES A LINKED FORMULARY OF CHRONIC MEDICATION.

BONCOMPLETE

 MAIN MEMBER	R5 359
 ADULT DEPENDANT	R4 293
 CHILD DEPENDANT	R1 455

BONCOMPLETE 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. **NEW**

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please 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 8 for more information.

SAVINGS
SELF-PAYMENT GAP
THRESHOLD LEVEL
ABOVE THRESHOLD BENEFIT

BONCOMPREHENSIVE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R22 308	R21 036	R4 536
R4 950	R4 110	R1 870
R27 258	R25 146	R6 406
UNLIMITED		

BONCOMPLETE		
MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R9 624	R7 716	R2 616
R2 150	R1 820	R470
R11 774	R9 536	R3 086
R5 710	R3 350	R1 460

Once your savings for the year are finished, you will need to pay for day-to-day medical expenses yourself, until you have paid the full self-payment gap. You will then have access to your above threshold benefit. Please submit all claims you have paid towards the self-payment gap to us, so that we can let you know when you have access to your above threshold benefit. Please note that not all claims accumulate to your self-payment gap. Claims will accumulate at the Bonitas Rate.

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)
SPECIALIST CONSULTATIONS
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)
NON-SURGICAL PROCEDURES
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)

BONCOMPREHENSIVE	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	You must get a referral from your GP
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R36 570 per family, in and out-of-hospital	Pre-authorization required
R2 660 co-payment per scan event except for PMB	

BONCOMPLETE	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	You must get a referral from your GP
2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
Paid from available savings and/or above threshold benefit	
R28 930 per family, in and out-of-hospital	Pre-authorization required
R2 660 co-payment per scan event except for PMB	

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BONCOMPREHENSIVE

Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R16 970 per family combined with over-the-counter medicine		
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit	Above threshold limit of R16 970 per family combined with acute medicine		
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit		
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R19 310 per family		
Paid from available savings	Subject to frequency limits as per Managed Care protocols		
R85 000 per family every 5 years	Consumables limited to R85 000 per family		
Limited to one device per type 1 diabetic for beneficiaries younger than 18			
R10 300 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a Designated Service Provider		
All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider	Claims outside the Audiology Benefit Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required		
Paid from available savings and/or above threshold benefit, limited to R3 860 per beneficiary, 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	R380 per beneficiary for an eye examination, at a non-network provider	

BONCOMPLETE

Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit	Formulary and Bonitas Pharmacy Network applies to above threshold benefit		
20% co-payment for non-network or non-formulary use in above threshold benefit			
Paid from available savings and/or above threshold benefit	A 20% co-payment applies when paid from above threshold benefit		
Subject to available savings and/or above threshold benefit			
Subject to available savings and/or above threshold benefit			
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R19 310 per family		
Paid from available savings and/or above threshold benefit	Subject to frequency limits and Managed Care protocols		
R85 000 per family every 5 years	Consumables limited to R85 000 per family		
Limited to one device per type 1 diabetic for beneficiaries younger than 18			
R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	Avoid a 25% co-payment by using a Designated Service Provider		
All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider	Claims outside the Audiology Benefit Management Programme paid from available savings and/or above threshold benefit		
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required		
Paid from available savings and/or above threshold benefit, 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	R380 per beneficiary for an eye examination, at a non-network provider	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits

BONCOMPREHENSIVE

SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider	
MULTIFOCAL LENSES	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	
FRAMES	Paid from available savings and/or above threshold benefit (subject to optometry sublimit)	
CONTACT LENSES	Paid from available savings and/or above threshold benefit (subject to optometry sublimit)	
BASIC DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
CONSULTATIONS	Covered at the Bonitas Dental Tariff	
X-RAYS: INTRA-ORAL	2 annual check-ups per beneficiary (once every 6 months)	
X-RAYS: EXTRA-ORAL	Managed Care protocols apply	
PREVENTATIVE CARE	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	
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-authorization required
SPECIALISED DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme
	Covered at the Bonitas Dental Tariff	
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorization required	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	3 crowns 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-authorization required
IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years	Cost of implant components limited to R3 387 per implant

BONCOMPLETE

100% towards the cost of clear lenses, limited to R215 per lens, per beneficiary, at a non-network provider	
100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network provider	
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	
R945 per beneficiary	
R2 320 per beneficiary	
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
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	
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Pre-authorization required
Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
Pre-authorization required	
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-authorization required
No benefit	

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ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorization cases will be clinically assessed by using an orthodontic needs analysis	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorization 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 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 65% 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	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-authorization required	Managed Care protocols apply	Pre-authorization 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	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-authorization required		Pre-authorization required	

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Managed Care protocols apply	Managed Care protocols apply
HOSPITALISATION (GENERAL ANAESTHETIC)	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime		A co-payment of R3 500 per admission applies for children under the age of 5 and R5 000 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	Avoid a 30% co-payment by using a hospital on the applicable network
	Pre-authorization required		Pre-authorization required
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	Managed Care protocols apply	Managed Care protocols apply
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment
	Pre-authorization required		Pre-authorization required

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R10 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. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R17 150** per beneficiary and **R34 140** per family on the applicable medicine formulary. 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.

You must get your medicine from a Bonitas Network Pharmacy or Pharmacy Direct, our Designated Service Provider. Pre-authorization is required.

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

& BONCOMPLETE

BonComplete offers cover for **32** chronic conditions, using the applicable medicine 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.

Pre-authorization is required.

ADDITIONAL CONDITIONS COVERED

BONCOMPREHENSIVE

28.	Acne
29.	Allergic Rhinitis
30.	Alzheimer's Disease (early onset)
31.	Ankylosing Spondylitis
32.	Anorexia Nervosa
33.	Attention Deficit Disorder (in children aged 5-18)
34.	Barrett's Oesophagus
35.	Behcet's Disease
36.	Bulimia Nervosa
37.	Cystic Fibrosis
38.	Dermatitis

39.	Dermatomyositis
40.	Depression
41.	Eczema
42.	Gastro-Oesophageal Reflux Disease (GORD)
43.	Generalised Anxiety Disorder
44.	Gout
45.	Huntington's Disease
46.	Hyperthyroidism
47.	Myasthenia Gravis
48.	Narcolepsy
49.	Neuropathies

50.	Obsessive Compulsive Disorder
51.	Osteoporosis
52.	Paget's Disease
53.	Panic Disorder
54.	Polyarteritis Nodosa
55.	Post-Traumatic Stress Disorder
56.	Pulmonary Interstitial Fibrosis
57.	Psoriatic Arthritis
58.	Systemic Sclerosis
59.	Tourette's Syndrome
60.	Zollinger-Ellison Syndrome

BONCOMPLETE

28.	Acne (children up to 21 years)
29.	Allergic Rhinitis (children up to 21 years)

30.	Allergic Dermatitis/Eczema (children up to 21 years)
31.	Attention Deficit Disorder (in children aged 5-18)

32.	Depression (medication up to R150 per beneficiary, per month)
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BOOSTER

BENEFIT BOOSTER

GET UP TO R3 000 EXTRA BENEFITS TO PAY FOR ANY 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

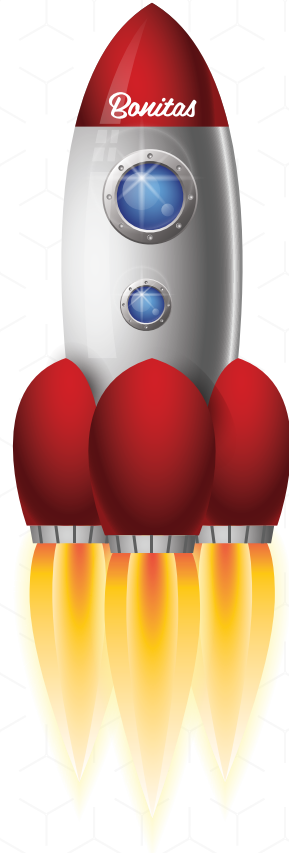
IF YOU ARE ON	YOUR BENEFIT BOOSTER AMOUNT
BonComprehensive	R3 000
BonComplete	R2 070

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



CHILDCARE

BONCOMPREHENSIVE

- 3 Paediatrician or GP consultations per child under 1 year
- 2 Paediatrician or GP consultations per child between ages 1 and 2
- 2 GP consultations per child between ages 2 and 12

BONCOMPLETE

- 2 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

MATERNITY CARE



BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 500 for antenatal classes
- 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)
- Private ward after delivery - up to 3 days

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 500 for antenatal classes
- 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

- 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
- Immunisation according to the Private Vaccination schedule in South Africa up to the age of 12

NEW

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 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
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over (*BonComprehensive only*)
- 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
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 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



WELLNESS BENEFIT

- 1 wellness screening per beneficiary 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 950 per family (for women aged up to 50)

BONCOMPREHENSIVE

- 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

BONCOMPLETE:

- 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 PROGRAMME

- Available to 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 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



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



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, physiotherapists and 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



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



HIP AND KNEE REPLACEMENT

- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full at a Designated Service Provider for joint replacement surgery



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

AUDIOLOGY BENEFIT MANAGEMENT

- Available to members who are experiencing hearing loss
- Offers members quality treatment and hearing devices
- Uses the latest in audiological technology and the highest standard of clinical expertise
- Tests and consultations are fully covered by using an audiologist on the hearConnect Audiology Network
- No co-payments for prescribed hearing aids should you use an in-network service provider
- Hearing aid benefit will renew every 3 years

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-authorization is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On the BonComplete option you can avoid a 30% co-payment by using a hospital on the applicable network.

	BONCOMPREHENSIVE		BONCOMPLETE	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, covered at 150% 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)	R36 570 per family, in and out-of-hospital	Pre-authorization required	R28 930 per family, in and out-of-hospital	Pre-authorization required
	R2 660 co-payment per scan event except for PMB		R2 660 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	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 BIOKINETICS	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
INTERNAL AND EXTERNAL PROSTHESES	R64 300 for internal prosthesis per family		R54 780 per family	Managed Care protocols apply
	R64 300 for external prosthesis per family	Sublimit of R6 130 per breast prosthesis (limited to 2 per year)	Sublimit of R6 520 per breast prosthesis (limited to 2 per year)	
INTERNAL NERVE STIMULATORS	R193 200 per family		No benefit	
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES)	R272 300 per beneficiary		No benefit	
COCHLEAR IMPLANTS	R324 100 per family		No benefit	
CATARACT SURGERY	Avoid a R7 050 co-payment by using a Designated Service Provider		Avoid a R7 050 co-payment by using a Designated Service Provider	
REFRACTIVE SURGERY	R24 240 per family	Pre-authorization required	No benefit	

All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. All benefits are approved by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits

BONCOMPREHENSIVE

Subject to an assessment and/or conservative treatment by the Designated Service Provider

Avoid a R35 250 co-payment by using the Designated Service Provider

R56 960 per family

No cover for physiotherapy for mental health admissions

Limited to a 7-day supply up to R635 per hospital stay

R57 890 per family

R19 310 per family

Managed Care protocols apply

Unlimited, subject to using the Designated Service Provider

Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

Unlimited for PMBs

Avoid a 30% co-payment by using a Designated Service Provider

R426 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached

Sublimit of R57 680 per beneficiary for Brachytherapy

Sublimit of R426 000 can be used for specialised drugs (including biological drugs)

Subject to Medicine Price List and preferred product list

Avoid a 20% co-payment by using a Designated Service Provider

R235 200 per family

Unlimited

Sublimit of R36 760 per beneficiary for corneal grafts

Unlimited

Avoid a 20% co-payment by using a Designated Service Provider

Unlimited, if you register on the HIV/AIDS programme

Avoid a R2 590 co-payment by using a network day hospital

BONCOMPLETE

Subject to an assessment and/or conservative treatment by the Designated Service Provider

Avoid a R35 250 co-payment by using the Designated Service Provider

R39 150 per family

No cover for physiotherapy for mental health admissions

Avoid a 30% co-payment by using a hospital on the applicable network

Limited to a 7-day supply up to R510 per hospital stay

R61 480 per family

R20 500 per family

Managed Care protocols apply

Unlimited, subject to using the Designated Service Provider

Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

Unlimited for PMBs

Avoid a 30% co-payment by using a Designated Service Provider

R266 300 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached

Sublimit of R57 680 per beneficiary for Brachytherapy

Managed Care protocols apply

Subject to Medicine Price List and preferred product list

Avoid a 20% co-payment by using a Designated Service Provider

PMB only

Unlimited

Sublimit of R39 040 per beneficiary for corneal grafts

Unlimited

Avoid a 20% co-payment by using a Designated Service Provider

Unlimited, if you register on the HIV/AIDS programme

Chronic medicine must be obtained from the Designated Service Provider

Avoid a R2 590 co-payment by using a network day hospital

SPINAL SURGERY

(ALSO SEE CARE PROGRAMMES PAGE 11)

HIP AND KNEE REPLACEMENTS

(ALSO SEE CARE PROGRAMMES PAGE 12)

MENTAL HEALTH HOSPITALISATION

(ALSO SEE CARE PROGRAMMES PAGE 12)

TAKE-HOME MEDICINE

PHYSICAL REHABILITATION

ALTERNATIVES TO HOSPITAL

(HOSPICE, STEP-DOWN FACILITIES)

PALLIATIVE CARE

(CANCER ONLY)

CANCER TREATMENT

(ALSO SEE CARE PROGRAMMES PAGE 11)

CANCER MEDICINE

NON-CANCER SPECIALISED DRUGS

(INCLUDING BIOLOGICAL DRUGS)

ORGAN TRANSPLANTS

KIDNEY DIALYSIS

HIV/AIDS

(ALSO SEE CARE PROGRAMMES PAGE 12)

DAY SURGERY PROCEDURES

(APPLIES TO SELECTED PROCEDURES)

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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

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