

SAVINGS



**BONSAVE
BONFIT SELECT**

2024




Bonitas

Medical Aid for South Africa

Bonitas




WHAT YOU PAY

BONSAVE

 MAIN MEMBER	R3 447
 ADULT DEPENDANT	R2 671
 CHILD DEPENDANT	R1 032

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

BONFIT SELECT

 MAIN MEMBER	R2 295
 ADULT DEPENDANT	R1 719
 CHILD DEPENDANT	R772

BONFIT SELECT 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.



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. Remember to unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first. See page 7 for more information.

- **On BonFit Select:** Simply complete a wellness screening or online wellness questionnaire.
- **On BonSave:** 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.

SAVINGS

BONSAVE

MAIN MEMBER

R10 344

ADULT DEPENDANT

R8 016

CHILD DEPENDANT

R3 096

BONFIT SELECT

MAIN MEMBER

R4 128

ADULT DEPENDANT

R3 096

CHILD DEPENDANT

R1 392

GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

Paid from available savings

ADDITIONAL GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate

SPECIALIST CONSULTATIONS

Paid from available savings	You must get a referral from your GP
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NON-SURGICAL PROCEDURES

Paid from available savings

EMERGENCY ROOM BENEFIT (NEW)
(FOR EMERGENCIES ONLY)

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
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If it is not classified as an emergency, it will be paid from available savings

BLOOD AND OTHER LABORATORY TESTS

Paid from available savings

X-RAYS AND ULTRASOUNDS

Paid from available savings

ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE

Paid from available savings

HOMEOPATHIC MEDICINE

Paid from available savings

ALLIED MEDICAL PROFESSIONALS
(SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)

Paid from available savings

BONFIT SELECT

Paid from available savings

If you use all your savings for the year, your family will still get a maximum of 2 GP consultations (limited to 1 per beneficiary) paid at the Bonitas Rate

Paid from available savings	You must get a referral from your GP
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Paid from available savings

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
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If it is not classified as an emergency, it will be paid from available savings

Paid from available savings

Paid from available savings

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Paid from available savings

Paid from available savings

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BONSAVE

Paid from available savings	
Paid from available savings	
1 consultation per beneficiary, at a network provider	OR R380 per beneficiary for an eye examination, at a non-network provider
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	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
Paid from available savings	
R28 930 per family, in and out-of-hospital	Pre-authorization required
R1 770 co-payment per scan event except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R19 310 per family
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
Paid from available savings	
Paid from available savings	1 per beneficiary, every 3 years
2 annual scale and polish treatments per beneficiary (once every 6 months)	1 fissure sealant per tooth, once every 3 years for children under 16 years
2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years	
Paid from available savings	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

BONFIT SELECT

Paid from available savings	
Paid from available savings	
1 consultation per beneficiary, at a network provider	OR R380 per beneficiary for an eye examination, at a non-network provider
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	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorization required
PMB only	
Paid from available savings	Pre-authorization required
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	PMB consultations only
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
Paid from available savings	
Paid from available savings	1 per beneficiary, every 3 years
2 annual scale and polish treatments per beneficiary (once every 6 months)	1 fissure sealant per tooth, once every 3 years for children under 16 years
2 annual fluoride treatments are only covered for children from age 5 and younger than 16 years	
Paid from available savings	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

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ROOT CANAL THERAPY AND EXTRACTIONS
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS
SPECIALISED DENTISTRY
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS
PERIODONTICS
SURGERY IN THE DENTAL CHAIR
HOSPITALISATION (GENERAL ANAESTHETIC)
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

Paid from available savings	
Paid from available savings	Pre-authorisation required
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)
Paid from available savings	Covered at the Bonitas Dental Tariff
Paid from available savings	Pre-authorisation required
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
Paid from available savings	3 crowns per family, per year
Benefit for crowns will be granted once per tooth, every 5 years	Pre-authorisation required
A treatment plan and X-rays may be requested	
Paid from available savings	Pre-authorisation required
Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% 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	Orthodontic treatment is granted once per beneficiary, per lifetime
Paid from available savings	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	
Paid from available savings	Managed Care protocols apply
For the removal of impacted teeth only	
A co-payment of R5 000 per admission applies for the removal of impacted teeth only OR A R2 500 upfront co-payment if the dental treatment is done in a day hospital	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorisation required
Managed Care protocols apply	
Limited to extensive conservative dental treatment only	Managed Care protocols apply
Pre-authorisation required	

Paid from available savings	
Paid from available savings	Pre-authorisation required
1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years	Benefit for a mouth guard is available for both the clinical and the associated laboratory fee (no pre-authorisation required)
Paid from available savings	Covered at the Bonitas Dental Tariff
Paid from available savings	Pre-authorisation required
2 partial frames (an upper and a lower) per beneficiary, once every 5 years	
Paid from available savings	3 crowns per family, per year
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A treatment plan and X-rays may be requested	
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Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years	Orthodontic treatment is granted once per beneficiary, per lifetime
Paid from available savings	Pre-authorisation required
Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	
Paid from available savings	
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorisation required
No benefit	
PMB only	
Pre-authorisation required	

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

BonSave and BonFit Select cover the **28** chronic conditions listed below. 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-authorisation is required.

BONSAVE

& BONFIT 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 (NEW)

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

GET UP TO R5 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
BonFit Select	R1 440

IF YOU ARE ON		YOUR BENEFIT BOOSTER AMOUNT
BonSave	Level 1	R1 000
	Level 2	R4 000
	Total	R5 000

HOW TO ACTIVATE IT

BONFIT SELECT

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

BONSAVE

- 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

NEW



MATERNITY CARE



BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 450 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)

BONFIT SELECT

- 6 antenatal consultations with a gynaecologist, GP or midwife
- Antenatal classes paid from available savings
- 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

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
- 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
- Immunisation according to Expanded Programme on Immunisation 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 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

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 870 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

NEW



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



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

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 BonSave and BonFit Select options you can avoid a 30% co-payment by using a hospital on the applicable network.

	BONSAVE		BONFIT SELECT	
SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R28 930 per family, in and out-of-hospital	Pre-authorisation required	R19 530 per family	Pre-authorisation required
	R1 770 co-payment per scan event except for PMB		R1 770 co-payment per scan event except for PMB	
CATARACT SURGERY	Avoid a R7 050 co-payment by using the Designated Service Provider		Avoid a R7 050 co-payment by using the Designated Service Provider	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	Subject to available savings, except for PMB	Covered at the Bonitas Rate	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner		Subject to referral by treating practitioner	
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS	Subject to available savings, except for PMB	Covered at the Bonitas Rate	Subject to available savings, except for PMB	Covered at the Bonitas Rate
	Subject to referral by treating practitioner		Subject to referral by treating practitioner	
INTERNAL PROSTHESES	R39 040 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply	PMB only	Managed Care protocols apply
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 10)	R39 150 per family	No cover for physiotherapy for mental health admissions	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		Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R475 per hospital stay		Limited to a 7-day supply up to R475 per hospital stay	
PHYSICAL REHABILITATION	R61 480 per family		R61 480 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R20 500 per family	Managed Care protocols apply	R20 500 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to using the Designated Service Provider	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited, subject to using the Designated Service Provider	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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CANCER TREATMENT
(ALSO SEE CARE PROGRAMMES PAGE 10)

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)

BONSAVE

Unlimited for PMBs	R213 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.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R57 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
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 Designated Service Provider
Avoid a R2 590 co-payment by using a network day hospital	

R1 840 co-payment	R4 690 co-payment	R8 680 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)

BONFIT SELECT

Unlimited for PMBs	R213 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.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R57 680 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	PMB only 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 Designated Service Provider
Avoid a R5 170 co-payment by using a network day hospital	

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

AFRICA 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

MAKE THE MOST OF YOUR BONITAS MEMBERSHIP WITH THE NEW MEMBER INFORMATION PAGE 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

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

 **Bonitas WhatsApp 060 070 2491**

 **www.bonitas.co.za**

 **Bonitas Medical Fund**

 **bonitas.co.za/member**

 **Bonitas Member App**

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