

BONCOMPREHENSIVE & BONCOMPLETE

SAVINGS

2021



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Bonitas

Medical Aid for South Africa

WHAT YOU PAY

BONCOMPREHENSIVE

MAIN MEMBER

R7 715

ADULT DEPENDANT

R7 276

CHILD DEPENDANT

R1 570

BONCOMPLETE

MAIN MEMBER

R4 291

ADULT DEPENDANT

R3 436

CHILD DEPENDANT

R1 165

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS.

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

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.

BONCOMPREHENSIVE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R17 460	R16 464	R3 552
R4 220	R3 490	R1 600
UNLIMITED		

BONCOMPLETE

MAIN MEMBER	ADULT DEPENDANT	CHILD DEPENDANT
R7 704	R6 168	R2 088
R1 830	R1 550	R400
R4 860	R2 860	R1 240

SAVINGS
SELF-PAYMENT GAP
ABOVE THRESHOLD BENEFIT

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.

BONCOMPREHENSIVE

GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)	Paid from available savings or above threshold benefit	
SPECIALIST CONSULTATIONS	Paid from available savings or above threshold benefit	You must get a referral from your GP
BLOOD TESTS AND OTHER LABORATORY TESTS	Paid from available savings, wellness extender or above threshold benefit	
X-RAYS AND ULTRASOUNDS	Paid from available savings, wellness extender or above threshold benefit	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R33 050 per family, in and out-of-hospital	Pre-authorisation required
	R1 500 co-payment per scan except for PMB	
ACUTE MEDICINE	Paid from available savings 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 R15 000 per family combined with over-the-counter medicine
OVER-THE-COUNTER MEDICINE	Paid from available savings 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 R15 000 per family combined with acute medicine
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)	Subject to available savings and/or above threshold benefit	
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	Subject to available savings and/or above threshold benefit	
MENTAL HEALTH CONSULTATIONS	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R16 430 per family

BONCOMPLETE

	Paid from available savings or above threshold benefit	
	Paid from available savings or above threshold benefit	You must get a referral from your GP
	Paid from available savings, wellness extender or above threshold benefit	
	Paid from available savings, wellness extender or above threshold benefit	
	R24 610 per family, in and out-of-hospital	Pre-authorisation required
	R1 500 co-payment per scan except for PMB	
	Paid from available savings 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 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	
	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 R16 430 per family

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BONCOMPREHENSIVE

GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)	Paid from available savings		You must use a preferred supplier	
	Subject to frequency limits and Managed Care protocols			
OPTOMETRY	Paid from available savings or above threshold benefit, limited to R3 330 per beneficiary, once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
EYE TESTS	1 per beneficiary, at a network provider	OR	R350 per beneficiary, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider			
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider			
MULTIFOCAL LENSES (CLEAR)	100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider			
FRAMES	Paid from available savings or above threshold benefit (subject to optometry sublimit)			
CONTACT LENSES	Paid from available savings or above threshold benefit (subject to optometry sublimit)			
HEARING AIDS	R27 190 per family, once every 5 years (based on the date of your previous claim)	10% co-payment applies		
	You must use a preferred supplier			

BONCOMPLETE

Paid from available savings or above threshold benefit		You must use a preferred supplier		
Subject to frequency limits and Managed Care protocols				
Paid from available savings 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 per beneficiary, at a network provider	OR	R350 per beneficiary, at a non-network provider		
100% towards the cost of clear lenses, limited to R210 per lens, per beneficiary, at a non-network provider				
100% towards the cost of clear lenses, limited to R445 per lens, per beneficiary, at a non-network provider				
100% towards the cost of clear lenses, limited to R770 per lens, per beneficiary, at a non-network provider				
R815 per beneficiary				
R2 005 per beneficiary				
Paid from available savings or above threshold benefit		Available once every 5 years (based on the date of your previous claim)		
You must use a preferred supplier				

BONCOMPREHENSIVE

BASIC DENTISTRY	Paid from available savings and/or above threshold benefit		Subject to the Bonitas Dental Management Programme	
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply			
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years			
PREVENTATIVE CARE	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-authorisation required		

BONCOMPLETE

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-authorisation required			

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BONCOMPREHENSIVE

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SPECIALISED DENTISTRY	Paid from available savings and/or above threshold benefit	Subject to the Bonitas Dental Management Programme	Covered at the Bonitas Dental Tariff	Subject to the Bonitas Dental Management Programme
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	1 partial frame (an upper or a lower) per beneficiary, once every 5 years	Managed Care protocols apply
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	3 crowns per family, per year	Benefit for crowns will be granted once per tooth, every 5 years	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
IMPLANTS AND ASSOCIATED LABORATORY COSTS	2 implants per beneficiary, every 5 years	Limited to R2 884 per implant	No benefit	
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	
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 hospital 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	General anaesthetic is only available to children under the age of 5 for extensive dental treatment once per lifetime
	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply	General anaesthetic benefit is available for the removal of impacted teeth	Managed Care protocols apply
	Pre-authorization required		Pre-authorization required	
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply		Managed Care protocols apply	
MODERATE/DEEP SEDATION IN THE ROOMS (IV CONSCIOUS)	Limited to extensive dental treatment	Managed Care protocols apply	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorization required		Pre-authorization required	

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ADDITIONAL BENEFITS

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

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CONTRACEPTIVES				
FOR WOMEN AGED UP TO 50	R1 660 per family		R1 660 per family	You must use the Designated Service Provider for pharmacy-dispensed contraceptives
			If you choose not to use a Designated Service Provider, a 40% co-payment applies	
MATERNITY CARE				
PER PREGNANCY	12 antenatal consultations with a gynaecologist, GP or midwife	2 2D ultrasound scans	6 antenatal consultations with a gynaecologist, GP or midwife	2 2D ultrasound scans
	1 amniocentesis	R1 280 for antenatal classes	1 amniocentesis	R1 280 for antenatal classes
	Private ward after delivery (up to 3 days)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)	4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)	
	Access to the Bonitas Maternity Programme		Access to the Bonitas Maternity Programme	
CHILDCARE				
HEARING SCREENING	For newborns, in or out-of-hospital		For newborns, in or out-of-hospital	
CONGENITAL HYPOTHYROIDISM SCREENING	For infants under 1 month old		For infants under 1 month old	
BABYLINE	24/7 helpline for medical advice for children under 3 years		24/7 helpline for medical advice for children under 3 years	
PAEDIATRICIAN OR GP CONSULTATIONS	3 per child under 1 year	2 per child between ages 1 and 2	2 per child under 1 year	1 per child between ages 1 and 2
GP CONSULTATIONS	2 per child between ages 2 and 12		1 per child between ages 2 and 12	
IMMUNISATIONS	According to The Expanded Programme on Immunisation in South Africa		According to The Expanded Programme on Immunisation in South Africa	
PREVENTATIVE CARE				
GENERAL HEALTH	1 HIV test per beneficiary	1 flu vaccine per beneficiary	1 HIV test per beneficiary	1 flu vaccine per beneficiary
CARDIAC HEALTH	1 full lipogram every 5 years, for members aged 20 and over		1 full lipogram every 5 years, for members aged 20 and over	
WOMEN'S HEALTH	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65	1 mammogram every 2 years, for women over 40	1 pap smear every 3 years, for women between ages 21 and 65
MEN'S HEALTH	1 prostate screening antigen test for men between ages 45 and 69		1 prostate screening antigen test for men between ages 45 and 69	
ELDERLY HEALTH	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 50 and 75	1 pneumococcal vaccine every 5 years, for members aged 65 and over	1 stool test for colon cancer, for members between ages 50 and 75
	1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over			

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WELLNESS BENEFITS				
WELLNESS SCREENING	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio 	1 wellness screening per beneficiary at a participating pharmacy, biokineticist or a Bonitas wellness day	Wellness screening includes the following tests: <ul style="list-style-type: none"> • Blood pressure • Glucose • Cholesterol • Body Mass Index • Waist-to-hip ratio
WELLNESS EXTENDER	Available after completing a wellness screening	R2 630 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary 	Available after completing a wellness screening	R1 810 per family which can be used for: <ul style="list-style-type: none"> • GP consultations only • Biokineticist consultations and treatment • Dietician consultations and treatment • Physiotherapist consultations and treatment • A programme to stop smoking • X-rays as per formulary • Blood tests as per formulary
	Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening		Child dependants can access the wellness extender once an adult beneficiary has completed a wellness screening	
INTERNATIONAL TRAVEL BENEFIT				
PER TRIP	You must register for this benefit prior to departure	Up to R10 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure	Up to R10 million cover per family for medical emergencies when you travel outside South Africa
AFRICA BENEFIT				
PER TRIP	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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CHRONIC BENEFITS

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BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R14 590** per beneficiary and **R29 060** 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 the Bonitas Pharmacy Network.

Pre-authorisation is required.

BonComplete offers cover for **31** 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-authorisation 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

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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)

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MANAGED CARE PROGRAMMES

We offer a range of Managed Care programmes to support you and help put you on the path to good health. These programmes empower you to manage your condition effectively in the most clinically-proven way, ensuring your benefits last longer.

You will need to register to join these programmes.

BONCOMPREHENSIVE & BONCOMPLETE

	BONCOMPREHENSIVE	BONCOMPLETE
BACK AND NECK	Helps manage severe back and neck pain	Offers a personalised treatment plan for up to 6 weeks, including assistance from doctors, physiotherapists and biokineticists
	Gives access to a home care plan to maintain long-term results	We cover the cost of the programme
	Highly effective and low-risk, with an excellent success rate	Uses the DBC network
CANCER	Puts you first, offering emotional and medical support	Delivers cost-effective care of the highest quality
	Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs	Matches the treatment plan to your benefits to ensure you have the cover you need
	Access to a social worker for you and your loved ones	Uses the ICON network of oncology specialists
	Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)	
DIABETES MANAGEMENT	Empowers you to make the right decisions to stay healthy	Offers a personalised care plan for your specific needs
	Provides cover for the tests required for the management of diabetes as well as other chronic conditions	Helps you track the results of the required tests
	Offers access to diabetes doctors, dieticians and podiatrists	Helps you better understand your condition through diabetes education
	Gives access to a dedicated Health Coach to answer any questions you may have	
HIP AND KNEE REPLACEMENT	Based on the latest international standardised clinical care pathways	Uses a multidisciplinary team, dedicated to assist with successful recovery
	Doctors evaluate and treat your condition before surgery to give you the best outcomes	Treatment is covered in full on the ICPS and Joint Care networks
HIV/AIDS	Provides you with appropriate treatment and tools to live a normal life	Covers medicine to treat HIV (including drugs to prevent mother-to-child transmission and infection after sexual assault or needle-stick injury)
	Treatment and prevention of opportunistic infections such as pneumonia, TB and flu	Covers regular blood tests to monitor disease progression, response to therapy and to detect possible side-effects of treatment
	Offers HIV-related consultations to visit your doctor to monitor your clinical status	Gives ongoing patient support via a team of trained and experienced counsellors
	Offers access to telephonic support from doctors	Helps in finding a registered counsellor for emotional support

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BONCOMPREHENSIVE & BONCOMPLETE

	BONCOMPREHENSIVE	BONCOMPLETE
MATERNITY SUPPORT	Access to 24/7 maternity advice line	Pregnancy education emails and SMSs sent to you weekly
	Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy	Online antenatal classes to prepare you for the birth and what to expect when you get home
	Access to articles regarding common pregnancy concerns	Baby bag including baby care essentials
MENTAL WELLNESS	Available to pre-identified 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 assist with setting up appointments with your doctor, obtain authorisation for healthcare services, understand the importance of preventative care and the use of wellness benefits or resolve queries related to any other health condition	Provides educational material about mental health which empowers you to manage your condition

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IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

	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)	R33 050 per family, in and out-of-hospital	Pre-authorisation required	R24 610 per family, in and out-of-hospital	Pre-authorisation required
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPY)	R1 500 co-payment per scan except for PMB		R1 500 co-payment per scan except for PMB	
PHYSIOTHERAPY, PODIATRY AND BIKINETICS	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	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 NERVE STIMULATORS	R58 110 for internal prosthesis per family		R46 620 per family	Managed Care protocols apply
DEEP BRAIN STIMULATION (EXCLUDING PROSTHESIS)	R58 110 for external prosthesis per family	Sublimit of R5 540 per breast prosthesis (limited to 2 per year)	Sublimit of R5 540 per breast prosthesis (limited to 2 per year)	You must use a preferred supplier
COCHLEAR IMPLANTS	R174 600 per family		No benefit	
CATARACT SURGERY	R246 100 per beneficiary		No benefit	
REFRACTIVE SURGERY	R292 900 per family	You must use a preferred supplier	No benefit	
SPINAL SURGERY	You must use a Designated Service Provider, or a R6 000 co-payment will apply		You must use a Designated Service Provider, or a R6 000 co-payment will apply	
HIP AND KNEE REPLACEMENTS	R21 910 per family	Pre-authorisation required	No benefit	
MENTAL HEALTH HOSPITALISATION	You must use a preferred supplier		You will have to pay a R15 000 co-payment if you do not go for an assessment through the Back and Neck programme	
TAKE-HOME MEDICINE	You will have to pay a R15 000 co-payment if you do not go for an assessment through the Back and Neck programme		You will have to pay a R30 000 co-payment if you voluntarily decide not to use the Designated Service Provider	
PHYSICAL REHABILITATION	You will have to pay a R30 000 co-payment if you voluntarily decide not to use the Designated Service Provider		R33 310 per family	No cover for physiotherapy for mental health admissions
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R48 470 per family	No cover for physiotherapy for mental health admissions	R435 per beneficiary, per hospital stay	
TERMINAL CARE (ONCOLOGY ONLY)	R575 per beneficiary, per hospital stay		R52 320 per family	
	R52 320 per family		R17 450 per family	Managed Care protocols apply
	R17 450 per family	Managed Care protocols apply	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support	Unlimited	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support

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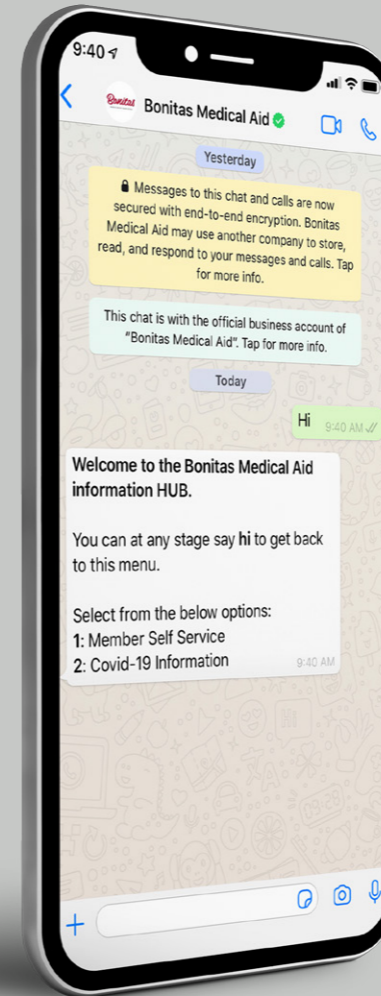
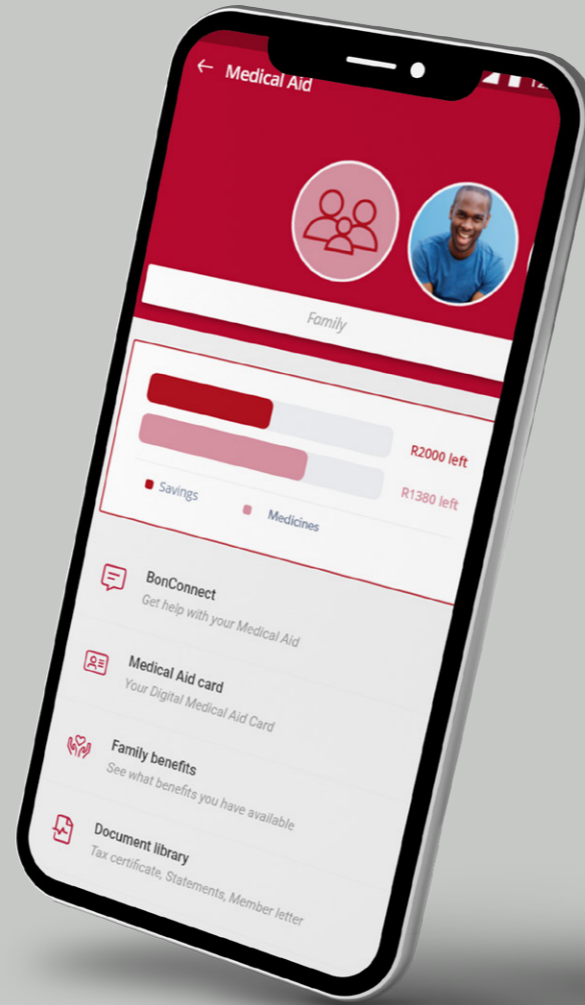
	BONCOMPREHENSIVE	BONCOMPLETE
CANCER TREATMENT	R618 500 per family	R344 500 per family
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)	R245 400 of this can be used for specialised drugs (including biological drugs)	You must use a preferred provider
ORGAN TRANSPLANTS	Sublimit of R44 220 per beneficiary for Brachytherapy	Sublimit of R44 220 per beneficiary for Brachytherapy
KIDNEY DIALYSIS	R200 100 per family	No benefit
HIV/AIDS	Unlimited	Unlimited
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Sublimit of R33 220 per beneficiary for corneal grafts	Sublimit of R33 220 per beneficiary for corneal grafts
	Unlimited	Unlimited
	You must use a Designated Service Provider, or a 20% co-payment will apply	You must use a Designated Service Provider, or a 20% co-payment will apply
	Unlimited, if you register on the HIV/AIDS programme	Unlimited, if you register on the HIV/AIDS programme
	You must use a network day hospital or a R2 200 co-payment will apply	Chronic medicine must be obtained from the Designated Service Provider
		You must use a network day hospital or a R2 200 co-payment will apply

All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply. Benefits are subject to approval from the Council for Medical Schemes.

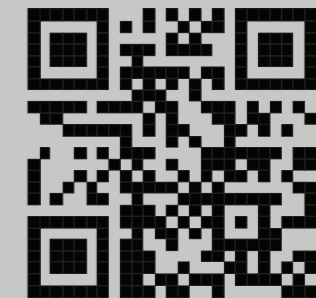
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Please note: Product rules, limits, terms and conditions apply. Where there is a discrepancy between the content provided in this brochure and the Scheme Rules, the Scheme rules will prevail. The Scheme Rules are available at www.bonitas.co.za. Benefits are subject to approval from the Council for Medical Schemes. All claims are paid at the Bonitas Rate, unless otherwise stated. All benefits and limits are per calendar year, unless otherwise stated. Managed Care protocols apply.