

COMPARISON

PLAN COMPARISON

2024

Bonitas

Medical Aid for South Africa

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard	Standard Select	Primary	Primary Select	
Monthly contributions (4th and subsequent children covered free)	Main: R9 853 Adult: R9 292 Child: R2 006	Main: R6 732 Adult: R5 780 Child: R1 662	Main: R5 359 Adult: R4 293 Child: R1 455	Main: R3 447 Adult: R2 671 Child: R1 032	Main: R2 295 Adult: R1 719 Child: R772	Main: R4 922 Adult: R4 267 Child: R1 444	Main: R4 448 Adult: R3 849 Child: R1 302	Main: R2 993 Adult: R2 341 Child: R952	Main: R2 619 Adult: R2 048 Child: R832	
Savings	Main: R22 308 Adult: R21 036 Child: R4 536	Main: R11 412 Adult: R9 804 Child: R2 820	Main: R9 624 Adult: R7 716 Child: R2 616	Main: R10 344 Adult: R8 016 Child: R3 096	Main: R4 128 Adult: R3 096 Child: R1 392	N/A				
Self-payment gap	Main: R4 950 Adult: R4 110 Child: R1 870	N/A	Main: R2 150 Adult: R1 820 Child: R470	N/A						
Above threshold benefit	Unlimited	N/A	Main: R5 710 Adult: R3 350 Child: R1 460	N/A						
Overall day-to-day limit subject to below sublimits (*based on family size)						*Ranges from R12 780 - R23 430		*Ranges from R5 330 - R11 720		
Sublimits for GP & specialist benefit including virtual care consultations (*based on family size)	N/A					*Ranges from R3 200 - R6 390 On Standard Select: • Nomination of 2 network GPs applies • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs		*Ranges from R2 130 - R4 790 On Primary Select: • Nomination of 2 network GPs applies • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs		
Sublimits for acute and over-the-counter medicine benefit (*based on family size)						*Ranges from R3 200 - R6 390 Over-the-counter medicine is limited to: R850 per beneficiary R2 660 per family		*Ranges from R1 600 - R3 200 Over-the-counter medicine is limited to: R535 per beneficiary R2 130 per family		
Sublimits for X-rays & blood tests benefit (*based on family size)						*Ranges from R3 200 - R6 390		*Ranges from R2 130 - R3 200		
Sublimits for auxiliary services benefit (*based on family size)						*Ranges from R3 200 - R6 390		*Ranges from R2 130 - R3 200		
HOSPITAL BENEFITS (pre-authorisation required)										
Hospital cover	Unlimited	Unlimited, network applies				Unlimited	Unlimited, network applies	Unlimited	Unlimited, network applies	
GP and specialist consultations (network doctors covered in full at the Bonitas Rate)	Unlimited Specialist covered at 150%, GP covered at 100% of the Bonitas Rate	Unlimited 100% of the Bonitas Rate								
Blood tests and X-rays	Unlimited, 100% of the Bonitas Rate									
MRIs and CT scans	R36 570 per family in and out-of-hospital	R35 930 per family in and out-of-hospital	R28 930 per family in and out-of-hospital		R19 530 per family in hospital	R32 340 per family in and out-of-hospital		R15 170 per family in and out-of-hospital		
Co-payment per scan event unless PMB	R2 660			R1 770			R2 130			
Internal and external prostheses	R64 300 for internal prosthesis per family R64 300 for external prosthesis per family	R67 670 per family	R54 780 per family	R39 040 per family (internal only)	PMB only	R54 780 per family		PMB only		
Internal nerve stimulators	R193 200 per family	N/A				R205 100 per family		N/A		
Cochlear implants	R324 100 per family	R344 200 per family	N/A							
Mental health hospitalisation	R56 960 per family	R50 070 per family	R39 150 per family			R49 330 per family		R18 120 per family		
Sublimit of hospitalisation for mental health consultations per family (in or out-of-hospital)	R19 310 per family				PMB only		R19 310 per family		R11 630 per family	
Take-home medicine	Limited to a 7-day supply up to R635 per hospital stay	Limited to a 7-day supply up to R575 per hospital stay	Limited to a 7-day supply up to R510 per hospital stay	Limited to a 7-day supply up to R475 per hospital stay		Limited to a 7-day supply up to R575 per hospital stay		Limited to a 7-day supply up to R445 per hospital stay		
Physical rehabilitation	R57 890 per family									
Alternatives to hospital (hospice, step-down facilities)	R19 310 per family		R20 500 per family					R19 310 per family		
Palliative care (cancer only)	Unlimited, subject to the DSP									
Cancer treatment (30% co-payment applies at non-DSP)	Unlimited for PMBs R426 000 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R426 000 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R319 500 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R150 000 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R266 300 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	R213 000 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)		Unlimited for PMBs R266 300 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)		Unlimited for PMBs R213 000 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)		
Non-cancer specialised drugs (including biological drugs)	R235 200 per family	PMB only								
Organ transplants	Unlimited							PMB only		
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies at a non-DSP									
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme									
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R2 590 co-payment will apply				You must use a network day hospital or a R5 170 co-payment will apply	You must use a network day hospital or a R2 590 co-payment will apply	You must use a network day hospital or a R5 170 co-payment will apply	You must use a network day hospital or a R2 590 co-payment will apply	You must use a network day hospital or a R5 170 co-payment will apply	
Co-payments for certain procedures	Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP			Yes		Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP		Yes		
OUT-OF-HOSPITAL BENEFITS										
GP consultations (including virtual care consultations)	Paid from available savings and/or above threshold benefit	Paid from available savings		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		
Specialist consultations		Paid from available savings				Paid from available savings				
X-rays and ultrasounds		R3 860 per beneficiary R8 540 per family (Combined benefit)				Paid from available savings				
Blood tests		Paid from available savings and/or above threshold benefit				Paid from available savings				
Acute medicine 20% co-payment for non-DSP/ non-formulary use		Medicine limited to R16 970 per family above threshold				Paid from available savings				
Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use		Paid from available savings and/or above threshold benefit				Paid from available savings				
Allied medical professionals (such as dietician, speech and occupational therapist)		Paid from available savings and/or above threshold benefit				Paid from available savings				
Physiotherapy, podiatry and biokinetics	Paid from available savings		Paid from available savings							
General medical appliances	Paid from available savings		Paid from available savings		Subject to the available overall day-to-day limit R8 130 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols		Subject to the available overall day-to-day limit R7 820 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols			
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 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			If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit						
Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)	R85 000 per family every 5 years (Consumables limited to R85 000 per family)			N/A		R85 000 per family every 5 years (Consumables limited to R85 000 per family)		N/A		
Audiology (Hearing aids, consultations and tests)	R10 300 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	N/A		R8 650 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)		N/A		
	All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider			All tests and consultations limited to the Audiology Benefit Management Programme and use of a network provider						
Optometry (once every 2 years)	Paid from available savings and/or above threshold benefit, limited to R3 860 per beneficiary	R6 440 per family	Paid from available savings and/or above threshold benefit	Paid from available savings		R7 385 per family		R5 695 per family		
Refractive surgery	R24 240 per family	N/A								
Basic dentistry (Managed Care protocols apply)	Paid from available savings and/or above threshold benefit	R5 812 per family, per year	Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme	Paid from available savings						
Specialised dentistry (Managed Care protocols apply)		R6 997 per family, per year Covered at the Bonitas Dental Tariff	Covered at the Bonitas Dental Tariff							
Chronic medicine (40% co-payment for non-DSP/ non-formulary use)	60 chronic conditions R17 150 per beneficiary R34 140 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	47 chronic conditions R14 050 per beneficiary R23 040 per family Unlimited for PMB, subject to use of DSP and formulary	32 chronic conditions Unlimited, subject to use of DSP and formulary	28 chronic conditions Unlimited, subject to use of DSP and formulary		45 chronic conditions R11 910 per beneficiary R23 900 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	45 chronic conditions R11 910 per beneficiary R23 900 per family Unlimited for PMB, subject to use of DSP and formulary	28 chronic conditions Unlimited, subject to use of DSP and formulary		
ADDITIONAL BENEFITS (in addition to savings and day-to-day benefits)										
International travel (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 Additional benefit for medical quarantine up to R10 000 per person if tested positive for Covid-19									
Africa benefit	In and out-of-hospital treatment covered at 100% of the Bonitas Rate (subject to authorisation)									
MOTHER & CHILD CARE BENEFIT										
Private ward after delivery	Yes	N/A								
Antenatal consultations	12			6			12		6	
2D ultrasound scans	2									
Antenatal classes	R1 500			R1 450		Paid from savings		R1 500		N/A
Amniocentesis	1									
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with a lactation specialist)									
Hearing screening	For newborns up to 8 weeks, in or out-of-hospital									
Congenital hypothyroidism screening	Infants under 1 month old									
24/7 telephonic baby advice line	For children under 3 years									
Paediatric consultations for children under 1 year	3				2					1
Paediatric consultations for children between ages 1 and 2	2	N/A			1		2		1	
GP consultations for children between ages 2 and 12	2				1		2		1	
Childhood immunisations up to the age of 12	According to the Private Vaccination schedule in South Africa			According to the Expanded Programme on Immunisation in South Africa			According to the Private Vaccination schedule in South Africa		According to the Expanded Programme on Immunisation in South Africa	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)										
Dental fissure sealants	To prevent tooth decay on permanent teeth for children under 16									
HIV test and counselling per beneficiary	1									
Flu vaccine per beneficiary	1									
Full lipogram every 5 years, members aged 20 and over	1			N/A		1		N/A		
Mammogram every 2 years, women over 40	1									
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1									
Prostate screening antigen test, men between ages 55 and 69	1									
Pneumococcal vaccine every 5 years, members aged 65 and over	1									
Stool test for colon cancer, members between ages 45 and 75	1									
Whooping cough booster vaccine every 10 years, members between ages 7 and 64	1			N/A		1		N/A		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2									
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3									
Bone density screening every 5 years, women aged 65 and men aged 70 and over	1			N/A						
Free online hearing screening, beneficiaries aged 18 and over	Unlimited									
Contraceptives (per family for women aged up to 50)	R1 950		R1 950 at the DSP			R1 870		R1 950	R1 950 at the DSP	R1 870
Wellness screening	1 per beneficiary									
BENEFIT BOOSTER										
An additional amount to use for any out-of-hospital expenses – available when you complete a wellness screening	R3 000 per family		R2 070 per family		Up to R5 000 per family		R1 440 per family		Up to R5 000 per family	Up to R3 500 per family
Consultations and treatment paid at 100% of the Bonitas Rate										

DSP = Designated Service Provider

PMB = Prescribed Minimum Benefits

	Hospital Standard	BonEssential	BonEssential Select
Monthly contributions (4th and subsequent children covered free)	Main: R2 964	Main: R2 287	Main: R1 998
	Adult: R2 497	Adult: R1 690	Adult: R1 464
	Child: R1 127	Child: R739	Child: R659
HOSPITAL BENEFITS (pre-authorisation required)			
Hospital cover	Unlimited, network applies	Unlimited	Unlimited, network applies
GP and specialist consultations	Unlimited, 100% of the Bonitas Rate		
Blood tests and X-rays	Unlimited, 100% of the Bonitas Rate		
MRIs and CT scans (in and out-of-hospital)	R30 460 per family R2 660 co-payment per scan event except for PMB	R15 170 per family R2 660 co-payment per scan event except for PMB	
Internal prosthesis (no cover for joint replacements or back and neck surgery)	R51 590 per family	PMB only	
External prostheses	PMB only		
Mental health hospitalisation	R36 860 per family		
Take-home medicine	Limited to a 7-day supply up to R545 per hospital stay	Limited to a 7-day supply up to R445 per hospital stay	
Physical rehabilitation	R57 890 per family		
Alternatives to hospital (hospice, step-down facilities)	R19 310 per family		
Palliative care (cancer only)	Unlimited, subject to the DSP		
Cancer treatment (30% co-payment applies at a non-DSP)	Unlimited for PMBs R159 800 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	Unlimited for PMBs at a DSP	
Organ transplants	Unlimited at a DSP	PMB only at a DSP	
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies at a non-DSP		
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme		
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R2 590 co-payment will apply	You must use a network day hospital or a R5 170 co-payment will apply	
Co-payments for certain procedures	Yes		
Chronic medicine (40% co-payment for non-DSP/non-formulary use)	Unlimited for PMB at the DSP		
OUT-OF-HOSPITAL BENEFITS			
Emergency room benefit (For emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		
ADDITIONAL BENEFITS (in addition to your other benefits)			
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 Additional benefit for medical quarantine up to R10 000 per person if tested positive for Covid-19		
Africa benefit (per trip)	In and out-of-hospital treatment covered at 100% of the Bonitas Rate (Subject to authorisation)		
MOTHER & CHILD BENEFIT (Maternity – per pregnancy)			
Antenatal consultations	6		
2D ultrasound scans	2		
Amniocentesis	1		
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with a lactation specialist)		
MOTHER & CHILD BENEFIT (Childcare)			
Hearing screening	For newborns up to 8 weeks, in or out-of-hospital		
Congenital hypothyroidism screening	For infants under 1 month old		
24/7 telephonic baby advice line	For children under 3 years		
Paediatric consultations for children under 1 year	2	N/A	
Paediatric consultations for children between ages 1 and 2	1	N/A	
GP consultations for children between ages 2 and 12	1		
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)			
Dental fissure sealants	N/A	One per tooth once every 3 years to prevent tooth decay on permanent teeth for children under 16	
HIV test and counselling per beneficiary	1		
Flu vaccine per beneficiary	1		
Mammogram every 2 years, women over 40	1		
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1	1 (including the cost of the GP or nurse visit)	
Prostate screening antigen test, men between ages 55 and 69	1		
Pneumococcal vaccine every 5 years, members aged 65 and over	1		
Stool test for colon cancer, members between ages 45 and 75	1		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3		
Free online hearing screening, beneficiaries aged 18 and over	Unlimited		
Contraceptives (per family for women aged up to 50)	R1 950 at the DSP	R1 500 at the DSP	
Wellness screening	1 per beneficiary		
BENEFIT BOOSTER			
An additional amount to use for any out-of-hospital expenses – available when you complete a wellness screening	N/A	R1 100 per family Consultations and treatment paid at 100% of the Bonitas Rate	

	BonCap			
Subject to income verification	R0 to R10 680	R10 681 to R17 330	R17 331 to R22 540	R22 541 +
Monthly contributions	Main: R1 430	Main: R1 745	Main: R2 813	Main: R3 453
	Adult: R1 430	Adult: R1 745	Adult: R2 813	Adult: R3 453
	Child: R673	Child: R802	Child: R1 064	Child: R1 310
HOSPITAL BENEFITS (pre-authorisation required)				
Hospital cover	Unlimited at a DSP			
GP and specialist consultations (network doctors covered in full at negotiated rates)	Unlimited, covered at 100% of the BonCap Rate Non-network specialists and GPs are covered at 70% of the BonCap Rate			
Blood tests and X-rays	Blood tests R29 690 per family X-rays unlimited, 100% of the BonCap Rate			
MRIs and CT scans	R13 550 per family, R1 170 co-payment per scan event, except for PMB			
Internal and external prostheses	PMB only at a DSP			
Mental health hospitalisation	PMB only at a DSP 30% co-payment applies at non-DSP			
Take-home medicine	Limited to a 7-day supply up to R445 per hospital stay			
Physical rehabilitation	R57 890 per family			
Alternatives to hospital (hospice, step-down facilities)	R16 680 per family			
Palliative care (cancer only)	Unlimited, subject to the DSP			
Cancer treatment	PMB only at a DSP (30% co-payment applies at a non-DSP)			
Organ transplants	PMB only at a DSP			
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies (subject to Managed Care protocols)			
HIV/AIDS	Unlimited, subject to registration on the HIV/AIDS programme			
OUT-OF-HOSPITAL BENEFITS				
Network GP consultations including virtual care consultations (GP nomination applies)	Unlimited, using a maximum of 2 nominated BonCap network GPs Pre-authorisation required from 8th visit			
Non-network GP consultations	1 out-of-network consultation per beneficiary, maximum 2 consultations per family, limited to R400 per visit 30% co-payment applies, unless PMB			
Network specialist consultations (this benefit includes acute medicine, blood tests, X-rays, MRIs and CT scans)	Maximum of 3 visits limited to R3 710 per beneficiary or a maximum of 5 visits limited to R5 510 per family Subject to the BonCap Specialist network and referral from a BonCap network GP Pre-authorisation required (including MRIs and CT scans)			
GP-referred acute medicine, X-rays and blood tests (*based on family size)	*Ranges from R2 190 - R5 290 Subject to the applicable formularies and pharmacy and pathology networks For acute medicine and blood tests: 20% co-payment applies at non-DSP			
Over-the-counter medicine	R110 per event, R315 per beneficiary per year Subject to the BonCap DSP network and medicine formulary			
Allied medical professionals (such as dietician, speech and occupational therapist)	PMB only			
General medical appliances (Managed Care protocols apply)	R6 740 per family			
Optometry (once every 2 years)	Managed Care protocols apply			
Basic dentistry	Managed Care protocols apply			
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a 30% co-payment will apply			
Chronic benefits	28 chronic conditions Unlimited, subject to use of DSP and formulary Subject to nomination of a network GP for management of chronic conditions			
CHILDCARE BENEFIT				
Hearing screening	Newborns up to 8 weeks, in or out-of-hospital			
Congenital hypothyroidism screening	Infants under 1 month old			
24/7 telephonic baby advice line	For children under 3 years			
Childhood immunisations up to the age of 12	According to the Expanded Programme on Immunisation in South Africa			
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)				
Dental fissure sealants	One per tooth once every 3 years to prevent tooth decay on permanent teeth for children under 16			
HIV test and counselling per beneficiary	1			
Flu vaccine per beneficiary	1			
Mammogram and ultrasound every 2 years, women over 40	1			
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3			
Prostate screening antigen test, men between ages 55 and 69	1			
Pneumococcal vaccine every 5 years, members aged 65 and over	1			
Stool test for colon cancer, members between ages 45 and 75	1			
Contraceptives (per family for women aged up to 50)	R1 260 at the DSP (40% co-payment applies at non-DSP)			
Wellness screening per beneficiary (Blood pressure, glucose, cholesterol, Body Mass Index and waist-to-hip ratio)	1			

DSP = Designated Service Provider PMB = Prescribed Minimum Benefits
All claims are paid at the BonCap Rate, unless otherwise stated.

	BonStart	BonStart Plus		
Monthly contributions	Main: R1 378	Main: R1 754		
	Adult: R1 378	Adult: R1 668		
	Child: R1 378	Child: R773		
HOSPITAL BENEFITS (pre-authorisation required)				
Hospital cover	Unlimited at the applicable hospital network			
	R1 690 co-payment per admission, except for PMB emergencies	R1 130 co-payment per admission, except for PMB emergencies		
GP and specialist consultations	Unlimited, 100% of the Bonitas Rate			
Blood tests and X-rays	Blood tests limited to R29 350 per family unless PMB X-rays unlimited, 100% of the Bonitas Rate	Blood tests unlimited, 100% of the Bonitas Rate X-rays unlimited, 100% of the Bonitas Rate		
MRIs and CT scans	R13 390 per family unless PMB (R2 660 co-payment per scan event)	R18 180 per family unless PMB (R2 130 co-payment per scan event)		
Allied medical professionals (such as dietician, speech and occupational therapy)	PMB only			
Physiotherapy and biokinetics	PMB only			
Childbirth	Natural birth: Unlimited at the applicable hospital network (Emergency approved C-sections only)			
Neonatal care	Limited to R52 360 per family, except for PMB			
Internal and external prostheses	PMB only	Internal: R18 180 per family (no cover for joint replacement except for PMB) External: PMB only		
Mental health hospitalisation	PMB only at a DSP			
Take-home medicine	Limited to a 7-day supply up to R440 per hospital stay			
Physical rehabilitation	R57 230 per family			
Alternatives to hospital (hospice, step-down facilities)	R16 480 per family	R19 100 per family		
Palliative care (cancer only)	Unlimited, subject to the DSP			
Dentistry	PMB only			
Cancer treatment	PMB only, at a DSP or a 30% co-payment applies			
Organ transplants	PMB only, at a DSP or a 30% co-payment applies			
Kidney dialysis	PMB only, at a DSP or a 30% co-payment applies			
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme			
OUT-OF-HOSPITAL BENEFITS				
GP consultations	Unlimited Network GP consultations, R120 co-payment per visit Pre-authorisation required from 6th visit	Unlimited Network GP consultations, R65 co-payment per visit Pre-authorisation required from 10th visit		
Virtual Care GP and Nurse consultations	Unlimited			
Emergency room benefit (for emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital			
GP-referred acute medicine, X-rays and blood tests (combined benefit & subject to the applicable formulary)	Limited to R1 690 per family	Limited to R3 160 per family		
	Acute medicine: 20% co-payment per script, 40% co-payment for non-DSP/non-formulary use			
Specialist consultations (subject to GP referral and applicable formulary)	Limited to 1 visit per family up to R1 250	R250 co-payment per visit	Limited to 2 visits per family up to R2 260	R120 co-payment per visit
	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist			
Over-the-counter medicine	Limited to R105 per event, R520 per family per year		Limited to R165 per event, R785 per family per year	
	Avoid a 20% co-payment by using a Bonitas Network Pharmacy, medicine that is on the formulary and completing your wellness screening			
General medical appliances	PMB only		R6 270 per family	
Optometry	1 eye test per beneficiary, R110 co-payment		1 eye test per beneficiary, R110 co-payment	
Basic dentistry	1 consultation per beneficiary, R120 co-payment		1 consultation per beneficiary, R65 co-payment	
Physiotherapy	2 consultations per beneficiary for sport-related injuries, R120 co-payment		4 consultations per beneficiary for sport-related injuries, R65 co-payment	
Mental health	PMB only, subject to use of DSP			
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R12 050 co-payment applies			
Co-payments for certain procedures	Yes			
Chronic medicine	Unlimited for PMB, subject to use of DSP (20% co-payment for non-DSP/non-formulary use)			
ADDITIONAL BENEFITS				
International travel benefit (per trip)	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)			
Africa benefit (per trip)	In and out-of-hospital treatment covered at 100% of the Bonitas Rate (Subject to authorisation)			
MOTHER & CHILD CARE BENEFIT				
Antenatal consultations			6	
2D ultrasound scans	No benefit		2	
Amniocentesis			1	
Postnatal consultations (with a midwife)			4 (1 can be used for a consultation with a lactation specialist)	
Hearing screening	N/A		For newborns up to 8 weeks, in or out-of-hospital	
Congenital hypothyroidism screening			Infants under 1 month old	
24/7 telephonic baby advice line	For children under 3 years			
Childhood immunisations up to the age of 12	N/A		According to the Expanded Programme on Immunisation in South Africa	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)				
Dental fissure sealants	To prevent tooth decay on permanent teeth for children under 16			
HIV test per beneficiary				
Flu vaccine per beneficiary				
Mammogram every 2 years, women over 40			1	
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65				
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14			2	
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26			3	
Contraceptives (per family for women aged up to 50)	R1 210		R1 460	
Wellness screening	1 per beneficiary			
BENEFIT BOOSTER				
An additional amount to use for any out-of-hospital expenses, available when you complete a wellness screening	R1 100 per family Consultations and treatment paid at 100% of the Bonitas Rate			

DSP = Designated Service Provider

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

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