

EDGE

**BONSTART
BONSTART PLUS**

2024

Bonitas

Medical Aid for South Africa

Bonitas

WHAT YOU PAY

BONSTART

 MAIN MEMBER	R1 378
 ADULT DEPENDANT	R1 378
 CHILD DEPENDANT	R1 378

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

BONSTART PLUS

 MAIN MEMBER	R1 754
 ADULT DEPENDANT	R1 668
 CHILD DEPENDANT	R773

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

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. Benefits are subject to approval by the Council for Medical Schemes. **PMB** = Prescribed Minimum Benefits

OUT-OF-HOSPITAL BENEFITS

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 6 for more information.

	BONSTART		BONSTART PLUS	
VIRTUAL CARE GP AND NURSE CONSULTATIONS	Unlimited network GP and Nurse Virtual Care consultations		Unlimited network GP and Nurse Virtual Care consultations	
GP CONSULTATIONS	Unlimited GP consultations	Authorisation required after 6th visit	Unlimited GP consultations	Authorisation required after 10th visit
EMERGENCY ROOM BENEFIT (NEW) (FOR EMERGENCIES ONLY)	R120 co-payment per visit	2 non-network GP consultations for emergencies per family	R65 co-payment per visit	2 non-network GP consultations for emergencies per family
GP-REFERRED ACUTE MEDICINE, X-RAYS AND BLOOD TESTS	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital	Benefit limited to emergencies only
OVER-THE-COUNTER MEDICINE (INCLUDES A LIST OF SPECIFIED SUPPLEMENTS)	Limited to R1 690 per family	Subject to the radiology and pathology formulary	Limited to R3 160 per family	Subject to the radiology and pathology formulary
SPECIALIST CONSULTATIONS (YOU MUST GET A GP REFERRAL)	For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use		For acute medicine: • A 20% co-payment will apply per script • Avoid a 40% co-payment by using a Bonitas Pharmacy Network • Subject to medicine formulary use	
OPTOMETRY	Limited to R105 per event	Maximum of R520 per family, per year	Limited to R165 per event	Maximum of R785 per family, per year
	Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network	Avoid a 20% co-payment by using medicine that is on the formulary and completing your wellness screening	Avoid a 20% co-payment by using the Bonitas Pharmacy Network
	Limited to 1 visit per family up to R1 250	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist	Limited to 2 visits per family up to R2 260	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist
	R250 co-payment per visit	Subject to GP referral	R120 co-payment per visit	Subject to GP referral
	1 eye test per beneficiary at a network provider	R110 co-payment	1 eye test per beneficiary at a network provider	R110 co-payment
	Limited to R380 at a non-network provider		Limited to R380 at a non-network provider	

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BASIC DENTISTRY
GENERAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
IN-ROOM PROCEDURES
PHYSIOTHERAPY
MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 9)
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)

BONSTART	
1 dental consultation per beneficiary	R120 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
PMB only	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
2 consultations per beneficiary for sport-related injuries	R120 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

BONSTART PLUS	
1 dental consultation per beneficiary	R65 co-payment
Managed Care protocols apply	1 annual scale and polish treatment per beneficiary
Fissure sealants are only covered for children under 16 years. Limited to 1 per tooth every 3 years	Fluoride treatments are only covered for children from age 5 and younger than 16 years. Limited to 1 treatment per year
R6 270 per family	Subject to frequency limits as per Managed Care protocols
Cover for a defined list of approved procedures performed in the specialist's rooms	Pre-authorisation required
4 consultations per beneficiary for sport-related injuries	R65 co-payment
You must get a referral from your network GP or medical specialist	
PMB only	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider

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

CHRONIC BENEFITS

BonStart and BonStart Plus cover you for the **28** chronic conditions listed below on the applicable 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 20% co-payment. Pre-authorization is required.

BONSTART

& BONSTART PLUS

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
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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

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BOOSTER

BENEFIT BOOSTER

GET UP TO R1 100 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
BonStart	R1 100
BonStart Plus	R1 100

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



MATERNITY CARE



BONSTART PLUS ONLY

- 6 antenatal consultations with a gynaecologist, GP or midwife
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

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



- Babyline: 24/7 helpline for medical advice for children under 3 years

BONSTART PLUS ONLY

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- 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 stool test for colon cancer, for members between ages 45 and 75
- Dental fissure sealants: 1 per tooth, once every 3 years for beneficiaries under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

NEW

- 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 210 for BonStart & R1 460 for BonStart Plus 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

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 the applicable hospital network. Pre-authorisation is required. Managed Care protocols apply.

Please note: On these options you can avoid a R12 050 co-payment by using a hospital on the applicable network.

	BONSTART		BONSTART PLUS	
PRIVATE HOSPITAL CARE	Unlimited at the applicable hospital network	R1 690 co-payment per admission, except for PMB emergencies	Unlimited at the applicable hospital network	R1 130 co-payment per admission, except for PMB emergencies
GP CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
SPECIALIST CONSULTATIONS	Unlimited, covered at 100% of the Bonitas Rate		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS	R29 350 per family except for PMB		Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TRANSFUSIONS	R21 320 per family except for PMB		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)	R13 390 per family	Pre-authorisation required	R18 180 per family	Pre-authorisation required
	R2 660 co-payment per scan event except for PMB		R2 130 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
	PMB only	Subject to referral by treating practitioner	PMB only	Subject to referral by treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited at the applicable hospital network		Unlimited at the applicable hospital network	
CHILDBIRTH	Emergency approved C-sections only	Managed Care protocols apply	Emergency approved C-sections only	Managed Care protocols apply
	Avoid a R12 050 co-payment by using a hospital on the applicable network		Avoid a R12 050 co-payment by using a hospital on the applicable network	
NEONATAL CARE	Limited to R52 360 per family except for PMB		Limited to R52 360 per family except for PMB	
INTERNAL PROSTHESES	PMB only	Managed Care protocols apply	R18 180 per family (no cover for joint replacement except for PMB)	
			Managed Care protocols apply	Pre-authorisation required
EXTERNAL PROSTHESES	PMB only		PMB only	
MENTAL HEALTH HOSPITALISATION (ALSO SEE CARE PROGRAMMES PAGE 9)	PMB only	No cover for physiotherapy for mental health admissions	PMB only	No cover for physiotherapy for mental health admissions
	Avoid a R12 050 co-payment by using a hospital on the applicable network		Avoid a R12 050 co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R440 per hospital stay		Limited to a 7-day supply up to R440 per hospital stay	
PHYSICAL REHABILITATION	R57 230 per family	Pre-authorisation required	R57 230 per family	Pre-authorisation required

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ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)
CATARACT SURGERY
DENTISTRY
CANCER TREATMENT (ALSO SEE CARE PROGRAMMES PAGE 9)
CANCER MEDICINE
ORGAN TRANSPLANTS
KIDNEY DIALYSIS
HIV/AIDS (ALSO SEE CARE PROGRAMMES PAGE 10)
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)

R16 480 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the Designated Service Provider	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 780 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R12 050 co-payment by using a network day hospital	

R19 100 per family	Pre-authorisation required
Managed Care protocols apply	
Unlimited, subject to using the Designated Service Provider	Managed Care protocols apply
Includes hospice/private nursing, home oxygen, pain management, psychologist and social worker support	
Avoid a R6 780 co-payment by using the Designated Service Provider	
PMB only	
Unlimited for PMBs	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
PMB only	Pre-authorisation required
Avoid a 30% co-payment by using a Designated Service Provider	
Unlimited, if you register on the HIV/AIDS programme	Avoid a 30% co-payment by obtaining your chronic medicine from the Designated Service Provider
Avoid a R12 050 co-payment by using a network day hospital	

PROCEDURE CO-PAYMENTS (SUBJECT TO PRE-AUTHORISATION)
SURGICAL PROCEDURES THAT ARE NOT COVERED

R2 890 co-payment (Applies in addition to non-network hospital co-payment)	
1. Arthroscopy (when done as part of a surgical procedure)	
2. Laparoscopic Hysterectomy	
Back and neck surgery	Joint replacement surgery
Correction of Hallux Valgus	Functional nasal surgery
Varicose vein surgery	Oesophageal reflux and hernia repair surgery
Non-cancerous breast conditions	Gastroscopies, colonoscopies and all other endoscopies
Nail disorders	Knee and shoulder surgery
Skin disorders, including benign growths and lipomas	In-hospital dental surgery
Healthcare services for which admission to hospital is not necessary	

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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