



BONCOMPREHENSIVE BONCOMPLETE




SAVINGS



Bonitas
Medical Aid for South Africa

WHAT YOU PAY




BONCOMPREHENSIVE

| | JANUARY – MARCH 2023 | APRIL - DECEMBER 2023 |
|--|----------------------|-----------------------|
|  MAIN MEMBER | R8 217 | R8 990 |
|  ADULT DEPENDANT | R7 749 | R8 478 |
|  CHILD DEPENDANT | R1 672 | R1 830 |

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

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS WHO ARE FULL-TIME STUDENTS PAY CHILD RATES UP TO AGE 24 YEARS, SUBJECT TO AN ANNUAL REVIEW.

BONCOMPLETE

| | JANUARY – MARCH 2023 | APRIL - DECEMBER 2023 |
|---|----------------------|-----------------------|
|  MAIN MEMBER | R4 570 | R4 890 |
|  ADULT DEPENDANT | R3 660 | R3 916 |
|  CHILD DEPENDANT | R1 241 | R1 328 |

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

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. **Please note:** When you complete a wellness screening or online wellness questionnaire, you unlock the Benefit Booster which can be used to pay for out-of-hospital expenses first.

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|--------------------------------|
| SAVINGS |
| SELF-PAYMENT GAP |
| THRESHOLD LEVEL |
| ABOVE THRESHOLD BENEFIT |

BONCOMPREHENSIVE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|------------------|-----------------|-----------------|
| R19 914 | R18 774 | R4 050 |
| R4 650 | R3 860 | R1 760 |
| R24 564 | R22 634 | R5 810 |
| UNLIMITED | | |

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.

BONCOMPLETE

| MAIN MEMBER | ADULT DEPENDANT | CHILD DEPENDANT |
|-------------|-----------------|-----------------|
| R8 640 | R6 918 | R2 349 |
| R2 020 | R1 710 | R440 |
| R10 660 | R8 628 | R2 789 |
| R5 360 | R3 150 | R1 370 |

OUT-OF-HOSPITAL

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|---|
| GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS) |
| SPECIALIST CONSULTATIONS |
| BLOOD TESTS AND OTHER LABORATORY TESTS |
| X-RAYS AND ULTRASOUNDS |
| MRI'S AND CT SCANS (SPECIALISED RADIOLOGY) |
| ACUTE MEDICINE |

BONCOMPREHENSIVE

| | |
|--|---|
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | You must get a referral from your GP |
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | |
| R34 340 per family, in and out-of-hospital | Pre-authorisation required |
| R2 500 co-payment per scan event except for PMB | |
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | Above threshold limit of R15 930 per family combined with over-the-counter medicine |

BONCOMPLETE

| | |
|--|---|
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | You must get a referral from your GP |
| Paid from available savings and/or above threshold benefit | |
| Paid from available savings and/or above threshold benefit | |
| R27 160 per family, in and out-of-hospital | Pre-authorisation required |
| R2 500 co-payment per scan event except for PMB | |
| Paid from available savings and/or above threshold benefit | Formulary and Bonitas Pharmacy Network applies to above threshold benefit |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | |

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.

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| OVER-THE-COUNTER MEDICINE |
| HOMEOPATHIC MEDICINE |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST) |
| PHYSIOTHERAPY, PODIATRY AND BIKINETICS |
| MENTAL HEALTH CONSULTATIONS |
| GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES) |
| INSULIN PUMP OR CONTINUOUS GLUCOSE MONITOR (FOR TYPE 1 DIABETES & UNDER 18s) |
| OPTOMETRY |
| EYE TESTS |
| SINGLE VISION LENSES (CLEAR) OR |
| BIFOCAL LENSES (CLEAR) OR |
| MULTIFOCAL LENSES |
| FRAMES |
| CONTACT LENSES |
| HEARING AIDS |

| BONCOMPREHENSIVE | | | |
|--|--|---|--|
| Paid from available savings and/or above threshold benefit | | Formulary and Bonitas Pharmacy Network applies to above threshold benefit | |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | | Above threshold limit of R15 930 per family combined with acute medicine | |
| Paid from available savings and/or above threshold benefit | | A 20% co-payment applies when paid from above threshold benefit | |
| Subject to available savings and/or above threshold benefit | | | |
| Subject to available savings and/or above threshold benefit | | | |
| In and out-of-hospital consultations (included in the mental health hospitalisation benefit) | | Limited to R18 130 per family | |
| Paid from available savings | | Subject to frequency limits as per Managed Care protocols | |
| Recommend use of preferred supplier | | | |
| R51 010 per family every 5 years | | Consumables limited to R25 740 per family | |
| Limited to one device per family per year | | | |
| Paid from available savings and/or above threshold benefit, limited to R3 675 per beneficiary, once every 2 years (based on the date of your previous claim) | | Each beneficiary can choose glasses | OR contact lenses |
| 1 consultation per beneficiary, at a network provider | | OR | R365 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 and/or above threshold benefit (subject to optometry sublimit) | | | |
| Paid from available savings and/or above threshold benefit (subject to optometry sublimit) | | | |
| R30 000 per family, once every 5 years (based on the date of your previous claim) | | 10% co-payment applies | |

| BONCOMPLETE | | | |
|---|--|---|--|
| Paid from available savings and/or above threshold benefit | | Formulary and Bonitas Pharmacy Network applies to above threshold benefit | |
| 20% co-payment for non-network or non-formulary use in above threshold benefit | | | |
| Paid from available savings and/or above threshold benefit | | A 20% co-payment applies when paid from above threshold benefit | |
| Subject to available savings and/or above threshold benefit | | | |
| Subject to available savings and/or above threshold benefit | | | |
| In and out-of-hospital consultations (included in the mental health hospitalisation benefit) | | Limited to R18 130 per family | |
| Paid from available savings and/or above threshold benefit | | Subject to frequency limits and Managed Care protocols | |
| Recommend use of preferred supplier | | | |
| R51 010 per family every 5 years | | Consumables limited to R25 740 per family | |
| Limited to one device per family per year | | | |
| Paid from available savings and/or above threshold benefit, once every 2 years (based on the date of your previous claim) | | Each beneficiary can choose glasses | OR contact lenses |
| 1 composite consultation per beneficiary, at a network provider | | OR | R365 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 | | | |
| R900 per beneficiary | | | |
| R2 210 per beneficiary | | | |
| Paid from available savings and/or above threshold benefit | | Available once every 5 years (based on the date of your previous claim) | |

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.

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| BASIC DENTISTRY |
| CONSULTATIONS |
| X-RAYS: INTRA-ORAL |
| X-RAYS: EXTRA-ORAL |
| PREVENTATIVE CARE |
| FILLINGS |
| 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 |
| IMPLANTS AND ASSOCIATED LABORATORY COSTS |

| BONCOMPREHENSIVE | |
|--|--|
| Paid from available savings and/or above threshold benefit | Subject to the Bonitas Dental Management Programme |
| Covered at the Bonitas Dental Tariff | |
| 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 |
| Paid from available savings and/or above threshold benefit | Subject to the Bonitas Dental Management Programme |
| Covered at the Bonitas Dental Tariff | |
| 2 partial frames (an upper and a lower) per beneficiary, once every 5 years | Managed Care protocols apply |
| Pre-authorisation required | |
| 3 crowns per family, per year | Benefit for crowns will be granted once per tooth, every 5 years |
| A treatment plan and X-rays may be requested | Pre-authorisation required |
| 2 implants per beneficiary, every 5 years | Cost of implant components limited to R3 180 per implant |

| 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 |
| Covered at the Bonitas Dental Tariff | Subject to the Bonitas Dental Management Programme |
| 1 partial frame (an upper or a lower) per beneficiary, once every 5 years | Managed Care protocols apply |
| Pre-authorisation required | |
| 1 crown per family, per year | Benefit for crowns will be granted once per tooth, every 5 years |
| A treatment plan and X-rays may be requested | Pre-authorisation required |
| No benefit | |

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.

ORTHODONTICS AND ASSOCIATED LABORATORY COSTS

PERIODONTICS

| BONCOMPREHENSIVE | |
|---|---|
| Orthodontic treatment is granted once per beneficiary, per lifetime | 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 |
| Managed Care protocols apply | 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 | Managed Care protocols apply |
| Pre-authorisation required | |

| BONCOMPLETE | |
|---|---|
| Orthodontic treatment is granted once per beneficiary, per lifetime | 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 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 |
| Managed Care protocols apply | 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 | Managed Care protocols apply |
| Pre-authorisation required | |

MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)

| | |
|---|------------------------------|
| Managed Care protocols apply | |
| 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 |
| Pre-authorisation required | |
| Managed Care protocols apply | |
| Limited to extensive dental treatment | Managed Care protocols apply |
| Pre-authorisation required | |

| | |
|--|---|
| Managed Care protocols apply | |
| 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 |
| Avoid a 30% co-payment by using a hospital on the applicable network | General anaesthetic benefit is available for the removal of impacted teeth |
| Pre-authorisation required | Managed Care protocols apply |
| Managed Care protocols apply | |
| Limited to extensive dental treatment | Managed Care protocols apply |
| Pre-authorisation required | |

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.

CHRONIC BENEFITS

BONCOMPREHENSIVE

BonComprehensive offers cover for the **60** chronic conditions listed below. Your chronic medicine benefit is **R16 100** per beneficiary and **R32 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.

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 |

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|-----|------------------------------|
| 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 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) |

& BONCOMPLETE

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.

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.

ADDITIONAL BENEFITS

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

BENEFIT BOOSTER



Available after completing a wellness screening or online wellness questionnaire

BONCOMPREHENSIVE

R2 730

per family which can be used for out-of-hospital claims for:

- GP and specialist consultations
- Acute and over-the-counter medicine
- Biokineticist and physiotherapist consultations and treatment
- Paramedical services such as dietician, speech and occupational therapy consultations and treatment
- Alternative healthcare such as homeopathic consultations, treatment and acupuncture
- Non-surgical procedures and tests e.g. wart removal
- X-rays
- Blood tests

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)

BONCOMPLETE

R1 880

MATERNITY CARE



BONCOMPREHENSIVE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)
- Private ward after delivery - up to 3 days

BONCOMPLETE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 410 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

MATERNITY PROGRAMME

Register for the maternity programme and get:

- Access to a 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

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.

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
- Glucose
- Cholesterol
- Body Mass Index
- Waist-to-hip ratio

CONTRACEPTIVES



- R1 830 per family (for women aged up to 50)
- You must use the Designated Service Provider for pharmacy-dispensed contraceptives (BonComplete only)
- If you choose not to use a Designated Service Provider, a 40% co-payment applies (BonComplete only)

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
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

BONCOMPREHENSIVE

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

BONCOMPLETE

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

PREVENTATIVE CARE



- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 45 and 69
- 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 (BonComprehensive only)
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- Covid-19 vaccines and boosters as directed by the National Department of Health

NEW

- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 human papillomavirus (HPV) vaccines for girls between ages 9 and 14

AFRICA BENEFIT



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

INTERNATIONAL TRAVEL BENEFIT



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 beneficiary if tested positive for Covid-19

MANAGED CARE BENEFITS

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

MENTAL WELLNESS



BONCOMPREHENSIVE ONLY

- 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 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 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

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

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

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

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.

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
- Gives ongoing patient support via a team of trained and experienced counsellors
- Treatment and prevention of opportunistic infections such as pneumonia, TB and flu
- Helps in finding a registered counsellor for face-to-face emotional support

HIP AND KNEE REPLACEMENT



- Based on the latest international standardised clinical care pathways
- Doctors evaluate and treat your condition before surgery to give you the best outcome
- Uses a multidisciplinary team, dedicated to assist with successful recovery
- Treatment is covered in full on the ICPS and Joint Care networks

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

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| SPECIALIST CONSULTATIONS/TREATMENT |
| GP CONSULTATIONS/TREATMENT |
| BLOOD TESTS AND OTHER LABORATORY TESTS |
| X-RAYS AND ULTRASOUNDS |
| MRIs AND CT SCANS (SPECIALISED RADIOLOGY) |
| ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST) |
| PHYSIOTHERAPY, PODIATRY AND BIOKINETICS |

| BONCOMPREHENSIVE | |
|---|--|
| Unlimited, covered at 150% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| R34 340 per family, in and out-of-hospital | Pre-authorisation required |
| R2 500 co-payment per scan event except for PMB | |
| 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 |

| BONCOMPLETE | |
|--|---|
| Unlimited, network specialists covered in full at the Bonitas Rate | Unlimited, non-network specialists paid at 100% of the Bonitas Rate |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| Unlimited, covered at 100% of the Bonitas Rate | |
| R27 160 per family, in and out-of-hospital | Pre-authorisation required |
| R2 500 co-payment per scan event except for PMB | |
| 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 |

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.

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| INTERNAL AND EXTERNAL PROSTHESES |
| INTERNAL NERVE STIMULATORS |
| DEEP BRAIN STIMULATION (EXCLUDING PROSTHESES) |
| COCHLEAR IMPLANTS |
| CATARACT SURGERY |
| REFRACTIVE SURGERY |
| SPINAL SURGERY |
| HIP AND KNEE REPLACEMENTS |
| MENTAL HEALTH HOSPITALISATION |
| TAKE-HOME MEDICINE |
| PHYSICAL REHABILITATION |
| ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES) |
| PALLIATIVE CARE (CANCER ONLY) |

| BONCOMPREHENSIVE | |
|---|---|
| R60 380 for internal prosthesis per family | |
| R60 380 for external prosthesis per family | Sublimit of R5 760 per breast prosthesis (limited to 2 per year) |
| R181 400 per family | |
| R255 700 per beneficiary | |
| R304 300 per family | |
| Avoid a R6 620 co-payment by using a Designated Service Provider | |
| R22 760 per family | Pre-authorisation required |
| Subject to an assessment and/or conservative treatment by the Designated Service Provider | |
| Avoid a R33 100 co-payment by using the Designated Service Provider | |
| R53 480 per family | No cover for physiotherapy for mental health admissions |
| Limited to a 7-day supply up to R595 per hospital stay | |
| R54 360 per family | |
| R18 130 per family | Managed Care protocols apply |
| Unlimited, subject to the DSP | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |

| BONCOMPLETE | |
|---|---|
| R51 440 per family | Managed Care protocols apply |
| Sublimit of R6 120 per breast prosthesis (limited to 2 per year) | |
| No benefit | |
| No benefit | |
| No benefit | |
| Avoid a R6 620 co-payment by using a Designated Service Provider | |
| No benefit | |
| Subject to an assessment and/or conservative treatment by the Designated Service Provider | |
| Avoid a R33 100 co-payment by using the Designated Service Provider | |
| R36 760 per family | No cover for physiotherapy for mental health admissions |
| Avoid a 30% co-payment by using a hospital on the applicable network | |
| Limited to a 7-day supply up to R480 per hospital stay | |
| R57 730 per family | |
| R19 250 per family | Managed Care protocols apply |
| Unlimited, subject to the DSP | Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support |

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.

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| CANCER TREATMENT |
| CANCER MEDICINE |
| NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS) |
| ORGAN TRANSPLANTS |
| KIDNEY DIALYSIS |
| HIV/AIDS |
| DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES) |

| BONCOMPREHENSIVE | |
|--|---|
| Unlimited for PMBs | Avoid a 30% co-payment by using a Designated Service Provider |
| R400 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached. | |
| Sublimit of R54 160 per beneficiary for Brachytherapy | R260 600 of this can be used for specialised drugs (including biological drugs) |
| Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a Designated Service Provider |
| R220 800 per family | |
| Unlimited | Sublimit of R34 520 per beneficiary for corneal grafts |
| Unlimited | Avoid a 20% co-payment by using a Designated Service Provider |
| Unlimited, if you register on the HIV/AIDS programme | |
| Avoid a R2 430 co-payment by using a network day hospital | |

| BONCOMPLETE | |
|--|--|
| Unlimited for PMBs | Avoid a 30% co-payment by using a Designated Service Provider |
| R250 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached. | |
| Sublimit of R54 160 per beneficiary for Brachytherapy | Managed Care protocols apply |
| Subject to Medicine Price List and preferred product list | Avoid a 20% co-payment by using a Designated Service Provider |
| PMB only | |
| Unlimited | Sublimit of R36 660 per beneficiary for corneal grafts |
| Unlimited | Avoid a 20% co-payment by using a Designated Service Provider |
| Unlimited, if you register on the HIV/AIDS programme | Chronic medicine must be obtained from the Designated Service Provider |
| Avoid a R2 430 co-payment by using a network day hospital | |

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