

BONSAVE BONFIT SELECT

SAVINGS






Bonitas

Medical Aid for South Africa

WHAT YOU PAY




BONSAVE

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R2 950	R3 228
 ADULT DEPENDANT	R2 284	R2 500
 CHILD DEPENDANT	R883	R966

BONSAVE USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND 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.

BONFIT SELECT

	JANUARY – MARCH 2023	APRIL - DECEMBER 2023
 MAIN MEMBER	R2 230	R2 236
 ADULT DEPENDANT	R1 727	R1 674
 CHILD DEPENDANT	R669	R729

BONFIT SELECT 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.

SAVINGS

BONSAVE

MAIN MEMBER

R9 099

ADULT DEPENDANT

R7 044

CHILD DEPENDANT

R2 724

BONFIT SELECT

MAIN MEMBER

R4 019

ADULT DEPENDANT

R3 036

CHILD DEPENDANT

R1 282

GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

ADDITIONAL GP CONSULTATIONS
(INCLUDING VIRTUAL CARE CONSULTATIONS)

SPECIALIST CONSULTATIONS

BLOOD AND OTHER LABORATORY TESTS

X-RAYS AND ULTRASOUNDS

ACUTE MEDICINE AND OVER-THE-COUNTER MEDICINE

HOMEOPATHIC MEDICINE

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

PHYSIOTHERAPY, PODIATRY AND BIKINETICS

OPTOMETRY

EYE TESTS

SINGLE VISION LENSES (CLEAR) OR

BIFOCAL LENSES (CLEAR) OR

BONSAVE

Paid from available savings

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

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

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

Paid from available savings

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

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

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100% towards the cost of clear lenses, limited to R460 per lens, per beneficiary, at a non-network 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.

MULTIFOCAL LENSES
FRAMES
CONTACT LENSES
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)
EXTERNAL PROSTHESES

MRIs AND CT SCANS (SPECIALISED RADIOLOGY)
--

MENTAL HEALTH CONSULTATIONS

BASIC DENTISTRY CONSULTATIONS
--

PREVENTATIVE CARE

SPECIALISED DENTISTRY

SURGERY IN THE DENTAL CHAIR

HOSPITALISATION (GENERAL ANAESTHETIC)
--

INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)

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

BONSAVE	
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Recommend use of preferred supplier	
Paid from available savings	
R27 160 per family, in and out-of-hospital	Pre-authorization required
R1 660 co-payment per scan event except for PMB	
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	Limited to R18 130 per family
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
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	
No benefit	
For the removal of impacted teeth only	Managed Care protocols apply
Covered at the Bonitas Dental Tariff	
A co-payment of R5 000 per admission applies for the removal of impacted teeth only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorization required
Managed Care protocols apply	
Limited to extensive conservative dental treatment only	Managed Care protocols apply
Pre-authorization required	

BONFIT SELECT	
100% towards the cost of base lenses at a network provider, or limited to a maximum of R860 per designer lens, per beneficiary, in and out of network	
Paid from available savings	
Paid from available savings	
Paid from available savings	Subject to frequency limits as per Managed Care protocols
Recommend use of preferred supplier	
PMB only	
Paid from available savings	Pre-authorization required
In and out-of-hospital consultations (included in the mental health hospitalisation benefit)	PMB consultations only
Covered at the Bonitas Dental Tariff	Managed Care protocols apply
2 annual check-ups per beneficiary (once every 6 months)	
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	
No benefit	
No benefit	
No benefit	
PMB only	Avoid a 30% co-payment by using a hospital on the applicable network
Managed Care protocols apply	Pre-authorization required
No benefit	
PMB only	
Pre-authorization 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

BonSave and BonFit Select ensure that you are covered for the **27** Prescribed Minimum Benefits listed below. You must use Pharmacy Direct, our Designated Service Provider, to get your medicine. If you choose not to use Pharmacy Direct or if you choose to use medicine that is not on the formulary, you will have to pay a 40% co-payment. Pre-authorisation is required.

BONSAVE

& BONFIT SELECT

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

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

BONSAVE & BONFIT SELECT R1 310

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)

MATERNITY CARE

BONSAVE

- 6 antenatal consultations with a gynaecologist, GP or midwife
- R1 360 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with a lactation specialist)

BONFIT SELECT

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

MATERNITY PROGRAMME

Register for the maternity programme and get:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials

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 760 per family (for women aged up to 50)
- 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

CHILDCARE



- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline - 24/7 helpline for medical advice for children under 3 years
- 2 Paediatrician or GP consultations per child under 1 year
- 1 Paediatrician or GP consultation per child between ages 1 and 2
- 1 GP consultation per child between ages 2 and 12
- Immunisation according to Expanded Programme on Immunisation in South Africa up to the age of 12

ADDITIONAL GP CONSULTATIONS



(INCLUDING VIRTUAL CARE CONSULTATIONS)

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

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, 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
- 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

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.

CANCER



- Puts you first, offering emotional and medical support
- Liaises with your doctor to ensure your treatment plan is clinically appropriate to meet your needs
- Access to a social worker for you and your loved ones
- Uses the Bonitas Oncology Medicine Network (20% co-payment applies for use of a non-network provider)
- Matches the treatment plan to your benefits to ensure you have the cover you need
- Uses the Bonitas Oncology Network of specialists

DIABETES MANAGEMENT



- Empowers you to make the right decisions to stay healthy
- Provides cover for the tests required for the management of diabetes as well as other chronic conditions
- Offers access to diabetes doctors, dieticians and podiatrists
- Gives access to a dedicated Health Coach to answer any questions you may have
- Offers a personalised care plan for your specific needs
- Provides education to help you understand your condition better

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

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.

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

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.

IN-HOSPITAL BENEFITS

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

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

SPECIALIST CONSULTATIONS/TREATMENT
GP CONSULTATIONS/TREATMENT
BLOOD TESTS AND OTHER LABORATORY TESTS
X-RAYS AND ULTRASOUNDS
MRI^s AND CT SCANS (SPECIALISED RADIOLOGY)
CATARACT SURGERY
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
INTERNAL PROSTHESES
MENTAL HEALTH HOSPITALISATION
TAKE-HOME MEDICINE
PHYSICAL REHABILITATION
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)
PALLIATIVE CARE (CANCER ONLY)

BONSAVE	
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
R1 660 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
R36 660 per family (no cover for joint replacement except for PMB)	Managed Care protocols apply
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 R445 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

BONFIT SELECT	
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	
R18 340 per family	Pre-authorisation required
R1 660 co-payment per scan event except for PMB	
Avoid a R6 620 co-payment by using the Designated Service Provider	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
Subject to available savings, except for PMB	Covered at the Bonitas Rate
Subject to referral by treating practitioner	
PMB only	Managed Care protocols apply
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 R445 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.

CANCER TREATMENT**CANCER MEDICINE****ORGAN TRANSPLANTS****KIDNEY DIALYSIS****HIV/AIDS****DAY SURGERY PROCEDURES****(APPLIES TO SELECTED PROCEDURES)****PROCEDURE CO-PAYMENTS****(PER EVENT, SUBJECT TO PRE-AUTHORISATION)****BONSAVE**

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	Sublimit of 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 Designated Service Provider
Avoid a R2 430 co-payment by using a network day hospital	

R1 730 co-payment	R4 400 co-payment	R8 150 co-payment
<ol style="list-style-type: none"> 1. Colonoscopy 2. Conservative Back Treatment 3. Cystoscopy 4. Facet Joint Injections 5. Flexible Sigmoidoscopy 6. Functional Nasal Surgery 7. Gastroscopy 8. Hysteroscopy (not Endometrial Ablation) 9. Myringotomy 10. Tonsillectomy and Adenoidectomy 11. Umbilical Hernia Repair 12. Varicose Vein Surgery 	<ol style="list-style-type: none"> 1. Arthroscopy 2. Diagnostic Laparoscopy 3. Laparoscopic Hysterectomy 4. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies) 	<ol style="list-style-type: none"> 1. Laparoscopic Pyeloplasty 2. Laparoscopic Radical Prostatectomy 3. Nissen Fundoplication (Reflux Surgery)

BONFIT SELECT

Unlimited for PMBs	R200 000 per family for non-PMBs. Paid at 80% at a Designated Service Provider and no cover at a non-Designated Service Provider, once limit is reached.
Avoid a 30% co-payment by using a Designated Service Provider	Sublimit of R54 160 per beneficiary for Brachytherapy
Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited	PMB only for corneal grafts
Unlimited	Avoid a 20% co-payment by using a Designated Service Provider
Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from Designated Service Provider
Avoid a R4 850 co-payment by using a network day hospital	

**TO JOIN SPEAK TO YOUR FINANCIAL ADVISOR,
CALL 0861 266 482 OR VISIT BONITAS.CO.ZA**



Bonitas WhatsApp 060 070 2491



www.bonitas.co.za



Bonitas Medical Fund



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Bonitas Member App



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