	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard	Standard Select	Primary	Primary Select	
Monthly contributions	Main: R9 853	Main: R6 732	Main: R5 359	Main: R3 447	Main: R2 295	Main: R4 922	Main: R4 448	Main: R2 993	Main: R2 619	
Monthly contributions (4th and subsequent children covered free)	Adult: R9 292	Adult: R5 780	Adult: R4 293	Adult: R2 671	Adult: R1 719	Adult: R4 267	Adult: R3 849	Adult: R2 341	Adult: R2 048	
	Child: R2 006 Main: R22 308	Child: R1 662 Main: R11 412	Child: R1 455 Main: R9 624	Child: R1 032 Main: R10 344	Child: R772 Main: R4 128	Child: R1 444	Child: R1 302	Child: R952	Child: R832	
Savings	Adult: R21 036	Adult: R9 804	Adult: R7 716	Adult: R8 016	Adult: R3 096	_	r	N/A		
	Child: R4 536	Child: R2 820	Child: R2 616	Child: R3 096	Child: R1 392					
Self-payment gap	Main: R4 950 Adult: R4 110		Main: R2 150 Adult: R1 820	-			N/A			
Sen-payment gap	Child: R1 870		Child: R470	-		·	VA.			
			Main: R5 710	-						
Above threshold benefit	Unlimited	N/A	Adult: R3 350 Child: R1 460	-		1	N/A			
Overall day-to-day limit subject to below sublimits (*based on family size)				<u> </u>		*Ranges from I	R12 780 - R23 430	*Ranges from	n R5 330 - R11 720	
						*Ranges from	n R3 200 - R6 390	*Ranges fron	n R2 130 - R4 790	
Sublimits for GP & specialist benefit including virtual care consultations						 Nomination of 2 	lard Select: network GPs applies etwork GP visits allowed	 Nomination of 2 	nary Select: 2 network GPs applies network GP visits allowed	
(*based on family size)						per fan	hily per year etwork GPs are limited to PMBs	per far	mily per year etwork GPs are limited to PMBs	
Sublimits for acute and over-the-			N/A			5	1 R3 200 - R6 390 medicine is limited to:		n R1 600 - R3 200 medicine is limited to:	
counter medicine benefit (*based on family size)						R850 per	beneficiary per family	R535 pe	r beneficiary) per family	
Sublimits for X-rays & blood tests benefit (*based on family size)						*Ranges from	n R3 200 - R6 390	*Ranges from R2 130 - R3 200		
Sublimits for auxiliary services benefit (*based on family size)						*Ranges from	n R3 200 - R6 390	*Ranges from	n R2 130 - R3 200	
	_		ноѕ	PITAL BENEFITS (pre-autho	risation required)					
Hospital cover	Unlimited		Unlimited, ne	etwork applies		Unlimited	Unlimited, network applies	Unlimited	Unlimited, network applies	
GP and specialist consultations (network doctors covered in full at the	Unlimited Specialist covered at 150%,					limited				
Bonitas Rate)	GP covered at 100% of the Bonitas Rate				100% of t	ne Bonitas Rate				
Blood tests and X-rays	R36 570 per family in and	R35 930 per family	R28 930	U per family	nlimited, 100% of the Bonitas					
MRIs and CT scans Co-payment per scan event unless PMB	out-of-hospital	in and out-of-hospital R2 660		-of-hospital	in hospital	R32 340 per family	in and out-of-hospital		y in and out-of-hospital	
	R64 300 for internal	NE 000						к 		
Internal and external prostheses	prosthesis per family R64 300 for external	R67 670 per family	R54 780 per family	R39 040 per family (internal only)	PMB only	R54 780	per family	PN	1B only	
Internal nerve stimulators	prosthesis per family R193 200 per family			/A		DODE 100	0 per family		N/A	
Cochlear implants	R324 100 per family	R344 200 per family	N			N/A				
Mental health hospitalisation Sublimit of hospitalisation for mental	R56 960 per family	R50 070 per family		R39 150 per family		R49 330) per family	R18 12	0 per family	
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		·	R61 480	per family			R57 89	0 per family	
Alternatives to hospital (hospice, step-down facilities)	R19 310 per family			R20 500	per family			R19 31	0 per family	
Palliative care (cancer only)	Unlimited for PMBs	Unlimited for PMBs			Unlimited, subject to the DS	P				
	R426 000 per family for non-PMBs (Paid at 80% at a	R319 500 per family for non-PMBs (Paid at 80% at a	Unlimited for PMBs	Unlimite	d for PMBs	Unlimite	ed for PMBs	Unlimit	ed for PMBs	
Cancer treatment (30% co-payment applies at non-DSP)	DSP and no cover at a non-DSP, once limit is reached)	DSP and no cover at a non-DSP, once limit is reached)	R266 300 per family for non-PMBs (Paid at 80% at a DSP and no cover at a		PMBs (Paid at 80% at a DSP an		PMBs (Paid at 80% at a DSP and	R213 000 per family for no	on-PMBs (Paid at 80% at a DSP	
	R426 000 of this can be used for specialised drugs	R150 000 of this can be used for specialised drugs	non-DSP, once limit is reached)	no cover at a non-DSI	P, once limit is reached)	no cover at a non-DS	P, once limit is reached)	and no cover at a non-	DSP, once limit is reached)	
Non-cancer specialised drugs	(including biological drugs)	(including biological drugs)								
(including biological drugs)	R235 200 per family			Unlimited	Pl	/B only			1D colo	
Organ transplants Kidney dialysis					a DSP or 20% co-payment app	lies at a non-DSP		F IV	1B only	
					Construction and the second se	c				
HIV/AIDS Day surgery procedures					, if you register on the HIV/AIE You must use a network da	/ You must use a network day				
HIV/AIDS Day surgery procedures (applies to selected procedures)	Yo	u must use a network day hospit	al or a R2 590 co-payment will a		1	/ You must use a network day hospital or a R2 590 co-payment will apply	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 	
Day surgery procedures	 Co-payment ap	u must use a network day hospit plies for hip and knee replaceme ent applies for cataract surgery a	ents at a non-DSP	pply	You must use a network da hospital or a R5 170	/ You must use a network day hospital or a R2 590 co-payment will apply Co-payment applies for hip not	hospital or a R5 170	hospital or a R2 590 co-payment will apply	hospital or a R5 170	
Day surgery procedures (applies to selected procedures)	 Co-payment ap	plies for hip and knee replaceme	ents at a non-DSP	pply	You must use a network da hospital or a R5 170 co-payment will apply	/ You must use a network day hospital or a R2 590 co-payment will apply Co-payment applies for hip not	hospital or a R5 170 co-payment will apply p and knee replacements at a n-DSP	hospital or a R2 590 co-payment will apply	hospital or a R5 170 co-payment will apply	
Day surgery procedures (applies to selected procedures)	 Co-payment ap	pplies for hip and knee replaceme ent applies for cataract surgery a	ents at a non-DSP	pply Y OUT-OF-HOSPITAL BE Paid from av	You must use a network da hospital or a R5 170 co-payment will apply	 You must use a network day hospital or a R2 590 co-payment will apply Co-payment applies for hip not Co-payment applies for ca 	hospital or a R5 170 co-payment will apply p and knee replacements at a n-DSP	hospital or a R2 590 co-payment will apply	hospital or a R5 170 co-payment will apply	
Day surgery procedures (applies to selected procedures) Co-payments for certain procedures	 Co-payment ap	plies for hip and knee replaceme	ents at a non-DSP	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP cc finished (limited to 1 per ben	You must use a network da hospital or a R5 170 co-payment will apply (es NEFITS ailable savings onsultations when savings are	 You must use a network day hospital or a R2 590 co-payment will apply Co-payment applies for hip noi Co-payment applies for ca Paid from available GP & 2 Additional network GP cor 	hospital or a R5 170 co-payment will apply p and knee replacements at a n-DSP ataract surgery at a non-DSP	hospital or a R2 590 co-payment will apply Paid from available GP a 1 Additional network GP cc	hospital or a R5 170 co-payment will apply	
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co-payment will apply Yes Sespecialist benefit sublimit onsultation per family when the tations sublimit is reached k specialist consultation and over-the-counter medicine it sublimit medicine is limited to: r beneficiary per family oper family ble overall day-to-day limit oma Care and CPAP machines. ect to Managed Care protocols est day-to-day benefit N/A N/A N/A is per family is per family	
Day surgery procedures (applies to selected procedures) Co-payments for certain procedures GP consultations (including virtual care consultations) Specialist consultations X-rays and ultrasounds Blood tests Acute medicine 20% co-payment for non-DSP/ non-formulary use Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use Allied medical professionals (such as dietician, speech and occupational therapist) Physiotherapy, podiatry and biokinetics General medical appliances Emergency room benefit (NEW) (For emergencies only) (refore emergencies only) Viried to one device per type 1 diabetic for beneficiaries younger than 18) Audiology (Hearing aids, consultations and tests) Optometry (once every 2 years) Refractive surgery Basic dentistry (Managed Care protocols apply) Specialised dentistry (Managed Care protocols apply) Chronic medicine (40% co-payment for non-DSP/ non-formulary use)	Paid from available savings and/or above threshold benefit Paid from available savings and/or above threshold benefit Medicine limited to R16 970 per family above threshold 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 R85 000 per family ev R10 300 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) All tests and consultations li Paid from available savings and/or above threshold benefit, limited to R3 860 per beneficiary R24 240 per family Paid from available savings and/or above threshold benefit, limited to R3 860 per beneficiary R24 140 per family Nature of por MB, subject to use of Bonitas Pharmacy Network and formulary	Paid from available savings Paid from available savings R3 860 per beneficiary R8 540 per family (Combined benefit) Paid from available savings R3 860 per beneficiary R8 540 per family (Combined benefit) Paid from available savings Paid from available savings Paid from available savings If it is not classified as an emergency, it will be paid from available savings If it is not classified as an emergency, it will be paid from available savings R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) imited to the Audiology Benefit I use of a network provider R6 440 per family R6 440 per family R6 997 per family, per year Covered at the Bonitas Dental Tariff 47 chronic conditions R14 050 per beneficiary R29 040 per family Unlimited for PMB, subject	ents at a non-DSP t a non-DSP Paid from available savings and/or above threshold benefit emergency room facility of a If it is not classified as an emergency, it will be paid from available savings and/ or above threshold benefit d to R85 000 per family) R9 200 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim) Management Programme and Paid from available savings and/or above threshold benefit Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme 32 chronic conditions Unlimited, subject to use of DSP and formulary	pply OUT-OF-HOSPITAL BE Paid from av Additional benefit for GP co finished (limited to 1 per ben paid at the Paid from av Paid from av If it is not classified as an er availabl If it is not classified as an er availabl R Paid from av	You must use a network da hospital or a R5 170 co-payment will apply (es NEFITS ailable savings onsultations when savings are eficiary, maximum 2 per family Bonitas Rate ailable savings 2 emergency consultation mergency, it will be paid from le savings J/A J/A J/A ailable savings ailable savings ailable savings ailable savings ailable savings	You must use a network day hospital or a R2 590 co-payment will apply Co-payment applies for ci co-payment applies for ci cor GP & specialist consult 2 Additional network GP cor GP & specialist consult 2 Additional network Paid from available acute a benefit Over-the-counter r R850 per R2 660 Paid from available acute a benefit Over-the-counter r R850 per R2 660 Subject to the availabl R8 130 per family for Stor Note: CPAP machines subjet consultations per family at a casu ms at a casualty ward or emerger If it is not classifit Management Programme action All tests and consultations li Management Programme action R1 910 per beneficiary R2 3900 per family Unlimited for PMB, subject to use of Bon and Formulary Network and formulary st 45 chronic conditions R11 910 per beneficiary R13 900 per family Unlimited for PMB, subject to use of Bon and Formulary Network and formulary st 45 chronic for Covid- tas Rate (subject to authorisatio	hospital or a R5 170 co-payment will apply p and knee replacements at a n-DSP ataract surgery at a non-DSP ataract surgery at a non-DSP and from available X-rays at reperfamily Paid from available X-rays at atary perfamily Paid from available auxilia at years (Consumables limit and use of a network provider at to the Audiology Benefit and use of a network provider per family anited to the Audiology Benefit and use of a network provider at the B at 45 chronic conditions R11 910 per beneficiary R13 900 per family Unlimited for PMB, subject to use of DSP and formulary at a surgery at a non-DSP at a surgery at a surgery	hospital or a R2 590 co-payment will apply Paid from available GP a 1 Additional network GP cc GP & specialist consul 1 Additional networ nd blood tests benefit sublimit Paid from available acute a benefi Over-the-counter R535 pe R2 130 ary services benefit sublimit Subject to the availabl R7 820 per family for Sto Note: CPAP machines subj acility of a hospital r children under the age of 6 aid from available GP & specialis aid from available GP & specialis R5 695 to the Bonitas Dental Managen conitas Dental Tariff	hospital or a R5 170 co-payment will apply Yes Sespecialist benefit sublimit onsultation per family when the tations sublimit is reached k specialist consultation and over-the-counter medicine it sublimit medicine is limited to: r beneficiary per family oper family ble overall day-to-day limit oma Care and CPAP machines. ect to Managed Care protocols est day-to-day benefit N/A N/A N/A is per family is per family	

2D ultrasound scans					2					
Antenatal classes		R1 500		R1 450	Paid from savings	R1 500		N/A		
Amniocentesis										
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	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 t	he Private Vaccination schedule	in South Africa	According to the Expanded Pro South		According to the Private Vac Afr		According to the Expanded Programme on Immunisation in South Africa		
			BE BETTER BENEFI	IT (Preventative care and well	ness benefits for all life stac	ies)				
Dental fissure sealants					-					
				to prevent tooth	decay on permanent teeth for o	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	L	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						Ά			
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 a	t the DSP	R1 870		R1 950	R1 950 at the DSP	R1 870	R1 870 at the DSP	
Wellness screening					1 per beneficiary					
				BENEFIT BOOSTER	R					
An additional amount to use for any	R3 000 per family	R2 070 p	per family	Up to R5 000 per family	R1 440 per family	Up to R5 000	0 per family	Up to R3 50	D per family	
out-of-hospital expenses – available when you complete a wellness screening				Consultations a	nd treatment paid at 100% of t	he Bonitas Rate				

DSP = Designated Service Provider

PMB = Prescribed Minimum Benefits

	Hospital Standard	BonEssential	BonEssential Select			
Monthly contributions	Main: R2 964	Main: R2 287	Main: R1 998			
(4th and subsequent children covered free)	Adult: R2 497	Adult: R1 690	Adult: R1 464			
· · · ·	Child: R1 127	Child: R739	Child: R659			
НО	SPITAL 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		Ommitted, 100% of the Bomitas Rate				
MRIs and CT scans (in and out-of-hospital)	R30 460 per family R2 660 co-payment per scan event except for PMB 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 ι	up to R445 per hospital stay			
		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	y at a DSP			
Kidney dialysis		l at a DSP or 20% co-payment applies at a				
HIV/AIDS		ited, if you register on the HIV/AIDS prog				
			You must use a network day hospital			
Day surgery procedures (applies to selected procedures)	You must use a network day hospit	al or a R2 590 co-payment will apply	or a R5 170 co-payment will apply			
Co-payments for certain procedures		Yes				
Chronic medicine		Unlimited for PMB at the DSP				
(40% co-payment for non-DSP/non-formulary use)						
	OUT-OF-HOSPITAL BENEFITS					
Emergency room benefit (For emergencies only)	2 emergency consultations	per family at a casualty ward or emergen	cy room facility of a hospital			
ADDITI	ONAL BENEFITS (in addition to your	other benefits)				
International travel benefit (per trip)	Up to R10 million cover per	nust register for this benefit prior to dep family for medical emergencies when yo al quarantine up to R10 000 per person i	u travel outside South Africa			
Africa benefit (per trip)	In and out-of-hospital treat	ment covered at 100% of the Bonitas Rat	e (Subject to authorisation)			
МОТН	ER & CHILD BENEFIT (Maternity – pe	er pregnancy)				
Antenatal consultations		6				
2D ultrasound scans		2				
Amniocentesis		1				
Postnatal consultations (with a midwife)	4 (1 can b	e used for a consultation with a lactation	specialist)			
	MOTHER & CHILD BENEFIT (Child	care)				
Hearing screening	For	newborns up to 8 weeks, in or out-of-hos	pital			
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				
Paediatric consultations for children between ages 1 and 2	1		/Α			
GP consultations for children between ages 2 and 12		1				
BE BETTER BENE	FIT (Preventative care and wellness b					
Dental fissure sealants	N/A	One per tooth once every 3 years to pr for childre	event tooth decay on permanent teeth n 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	ļ	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 a	t the DSP			
Wellness screening		1 per beneficiary				
 An additional amount to use for any out-of-hospital expenses –	BENEFIT BOOSTER	R1 100 p	er family			
available when you complete a wellness screening	N/A		aid at 100% of the Bonitas Rate			

PMB = Prescribed Minimum Benefits

				Bon	Сар			
Subject to income verification	R0 to R1	0 680	R10 681	to R17 330	R17 331 t	to R22 540	R22 541	+
	Main:	R1 430	Main:	R1 745	Main:	R2 813	Main:	R3 453
Monthly contributions	Adult:	R1 430	Adult:	R1 745	Adult:	R2 813	Adult:	R3 453
	Child:	R673	Child:	R802	Child:	R1 064	Child:	R1 310
HOSPITAL	BENEEIT	S (pre-authorisa	ation requi	ired)				
				incuj				
Hospital cover				Unlimited	d at a DSP			
GP and specialist consultations		Non n		nited, covered at 10 cialists and GPs are			Can Data	
(network doctors covered in full at negotiated rates)		NON-N					ар касе	
Blood tests and X-rays			X-r	Blood tests R29 ays unlimited, 100				
MRIs and CT scans		R13 5	50 per fami	ly, R1 170 co-paym	nent per sca	an event, except	for PMB	
 Internal and external prostheses				PMB only	/ at a DSP			
Mental health hospitalisation					/ at a DSP			
				30% co-payment a				
Take-home medicine			Limited	to a 7-day supply u		per hospital stay		
Physical rehabilitation					per family			
Alternatives to hospital (hospice, step-down facilities)					per family			
Palliative care (cancer only)				Unlimited, sub	ject to the	DSP		
Cancer treatment			PMB only a	it a DSP (30% co-p		olies at a non-DSF	P)	
Organ transplants					/ at a DSP			
Kidney dialysis				0% co-payment ap		-		ls)
HIV/AIDS		U	niimited, si	ıbject to registrati	on on the H	IIV/AIDS program	ime	
	OUT-OF-I	IOSPITAL BENE	FITS					
Network GP consultations including virtual care consultations (GP		lln	limited usi	ng a maximum of 2	nominated	BonCan networ	k GPs	
nomination applies)		011		e-authorisation re			K GI S	
	1 out-o	of-network consul	tation per b	eneficiary, maxim	um 2 consul	Itations per fami	lv. limited to	R400 per visit
Non-network GP consultations	2001			30% co-payment a			.y,	
						C- 1 1 1		= 10 5 1
Network specialist consultations (this benefit includes acute	Maxin	num of 3 visits lim Subject to	ited to R3 7 the BonCap	'10 per beneficiary Specialist networ	or a maxim k and refer	num of 5 visits lin ral from a BonCar	nited to R5 o network G	510 per family P
medicine, blood tests, X-rays, MRIs and CT scans)			Pre-autho	risation required (including M	IRIs and CT scans)	
CD referred asute medicine. V rous and blood tests				*Ranges from I	R2 190 - R5	290		
GP-referred acute medicine, X-rays and blood tests (*based on family size)		Subject f	to the appli	cable formularies a e and blood tests:	and pharma	icy and patholog	y networks	
) per event, R315 p		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Over-the-counter medicine				he BonCap DSP ne			ary	
Allied medical professionals				PMB	only			
(such as dietician, speech and occupational therapist)	_				-			
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 a	pply		
Day surgery procedures (applies to selected procedures)		You	must use a i	network day hospi	tal or a 30%	6 co-payment wil	lapply	
					conditions			
Chronic benefits		Subject t		nited, subject to us on of a network GP			conditions	
	СШП	DCARE BENEFIT						
		JUARE DENERI						
Hearing screening			New	borns up to 8 wee				
Congenital hypothyroidism screening				Infants unde	r 1 month o	ld		
24/7 telephonic baby advice line				For children				
Childhood immunisations up to the age of 12		Accore	ling to the l	Expanded Program	nme on Imm	nunisation in Sout	th Africa	
BE BETTER BENEFIT (Pre	ventative	care and wellne	ess benefit	s for all life stag	es)			
Dental fissure sealants	()	ne per tooth once	everv 3 vea	rs to prevent tootl	h decav on	permanent teeth	for childre	n under 16
HIV test and counselling per beneficiary		1	, <u> </u>		1			
Flu vaccine per beneficiary								
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-p	payment ap	plies at non-DSP)	
Wellness screening per beneficiary (Blood pressure, glucose, cholesterol, Body Mass Index and waist-to-hip					1			
(Blood pressure, glucose, cholesterol, Body Mass index and Walst-to-hip ratio)					-			

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

	BonStart		BonStart Plus				
	Main: R1 378		Main: R1 754				
Monthly contributions	Adult: R1 378		Adult: R1 668				
	Child: R1 378	(new outbouriestion required)	Child: R773				
	HUSPITAL BENEFITS	(pre-authorisation required) Unlimited at the applic	able hospital network				
Hospital cover	R1 690 co-payment per admiss	ion, except for PMB emergencies	R1 130 co-payment per admission	, except for PMB emergencies			
GP and specialist consultations		Unlimited, 100% o	f the Bonitas Rate				
Blood tests and X-rays		9 350 per family unless PMB 0% of the Bonitas Rate	Blood tests unlimited, 100 X-rays unlimited, 100%				
MRIs and CT scans	· · · · ·	R2 660 co-payment per scan event)	R18 180 per family unless PMB (R2 1				
Allied medical professionals			I				
(such as dietician, speech and occupational therapy) Physiotherapy and biokinetics		РМВ	only				
Childbirth	Natura	birth: Unlimited at the applicable hospita	I network (Emergency approved C-sections	s only)			
Neonatal care		Limited to R52 360 per					
Internal and external prostheses	PMI	3 only	Internal: R18 180 per family (no cover fo External: PM				
Mental health hospitalisation		PMB only					
Take-home medicine		Limited to a 7-day supply u	p to R440 per hospital stay				
Physical rehabilitation		R57 230 p	er family				
Alternatives to hospital (hospice, step-down facilities)	R16 480	per family	R19 100 pe	r family			
Palliative care (cancer only)		Unlimited, subj					
Dentistry Cancer treatment		PMB	only				
Organ transplants		PMB only, at a DSP or a 3	10% co-payment applies				
Kidney dialysis		2					
HIV/AIDS		Unlimited, if you register o	n the HIV/AIDS programme				
	OUT-OF-H	OSPITAL BENEFITS					
GP consultations		ations, R120 co-payment per visit equired from 6th visit	Unlimited Network GP consultation Pre-authorisation requi				
Virtual Care GP and Nurse consultations		Unlin	nited				
Emergency room benefit (for emergencies only)	2 eme	gency consultations per family at a casual	ty ward or emergency room facility of a ho	spital			
GP-referred acute medicine, X-rays and blood tests	Limited to R1	690 per family	Limited to R3 16	60 per family			
(combined benefit & subject to the applicable formulary)		e medicine: 20% co-payment per script, 40	1% co-payment for non-DSP/non-formulary	ruse			
Specialist consultations	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			
(subject to GP referral and applicable formulary)	Including all	acute medicine, basic radiology, specialise	d radiology and pathology prescribed by th	e specialist			
Over-the-counter medicine		t, R520 per family per year	Limited to R165 per event, F				
General medical appliances	· · · ·	sing a Bonitas Network Pharmacy, medi 3 only	cine that is on the formulary and comple R6 270 per				
Optometry		ciary, R110 co-payment	1 eye test per beneficiar	-			
Basic dentistry	1 consultation per ben	ficiary, R120 co-payment	1 consultation per benefic	ciary, R65 co-payment			
Physiotherapy	2 consultations per beneficiary for s	port-related injuries, R120 co-payment	4 consultations per beneficiary for spo	rt-related injuries, R65 co-payment			
Mental health		PMB only, subject	ct to use of DSP				
Day surgery procedures (applies to selected procedures)		You must use a network day hospita					
Co-payments for certain procedures Chronic medicine		Ye					
	·	-	oco-payment for non-DSP/non-formulary u	sej			
International travel benefit (per trip)	ADDITIONAL BENEFITSUp 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	Nob	enefit	2				
Amniocentesis			1				
Postnatal consultations (with a midwife)			4 (1 can be used for a consultatio				
Hearing screening Congenital hypothyroidism screening		I/A	For newborns up to 8 week				
24/7 telephonic baby advice line		For children u					
Childhood immunisations up to the age of 12	N	I/A	According to the Expanded Programm	e 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 perma	nent teeth for children under 16				
HIV test per beneficiary							
Flu vaccine per beneficiary Mammogram every 2 years, women over 40		1	L				
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	2				
Human Papillomavirus (HPV) vaccines, female		3	3				
beneficiaries between ages 15 and 26 Contraceptives (per family for women aged up to 50)	 D1	210	R1 46	50			
Wellness screening		1 per be					
	BENI	EFIT BOOSTER					
An additional amount to use for any out-of-hospital							
expenses, available when you complete a wellness screening							

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