

	BonComprehensive	BonClassic	BonComplete	BonSave	BonFit Select	Standard	Standard Select	Primary	Primary Select	
Monthly contributions (4th and subsequent children covered free)	Main: R11 321 Adult: R10 676 Child: R2 306	Main: R7 453 Adult: R6 398 Child: R1 840	Main: R6 040 Adult: R4 838 Child: R1 639	Main: R3 782 Adult: R2 859 Child: R1 132	Main: R2 524 Adult: R1 890 Child: R849	Main: R5 439 Adult: R4 715 Child: R1 596	Main: R4 915 Adult: R4 253 Child: R1 439	Main: R3 307 Adult: R2 587 Child: R1 052	Main: R2 946 Adult: R2 304 Child: R936	
Savings	Main: R25 632 Adult: R24 168 Child: R5 220	Main: R12 636 Adult: R10 848 Child: R3 120	Main: R10 848 Adult: R8 688 Child: R2 940	Main: R11 352 Adult: R8 580 Child: R3 396	Main: R4 536 Adult: R3 396 Child: R1 524	N/A				
Self-payment gap	Main: R5 210 Adult: R4 320 Child: R1 970	N/A	Main: R2 260 Adult: R1 910 Child: R495	N/A				N/A		
Above threshold benefit	Unlimited	N/A	Main: R6 010 Adult: R3 520 Child: R1 540	N/A				N/A		
Overall day-to-day limit subject to below sublimits (*based on family size)						*Ranges from R13 440 - R24 650		*Ranges from R5 330 - R11 720		
Sublimits for GP & specialist benefit including virtual care consultations (*based on family size)	N/A					*Ranges from R3 370 - R6 720 On Standard Select: • Nomination of 2 network GPs applies • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs		*Ranges from R2 240 - R5 040 On Primary Select: • Nomination of 2 network GPs applies • 2 non-nominated network GP visits allowed per family per year • Consultations with non-network GPs are limited to PMBs		
Sublimits for acute and over-the-counter medicine benefit (*based on family size)						*Ranges from R3 370 - R6 720 Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family		*Ranges from R1 680 - R3 370 Over-the-counter medicine is limited to: R535 per beneficiary R2 130 per family		
Sublimits for X-rays & blood tests benefit (*based on family size)						*Ranges from R3 370 - R6 720		*Ranges from R2 240 - R3 370		
Sublimits for auxiliary services benefit (*based on family size)						*Ranges from R3 370 - R6 720		*Ranges from R2 240 - R3 370		
HOSPITAL BENEFITS (pre-authorisation required)										
Hospital cover	Unlimited	Unlimited, network applies				Unlimited	Unlimited, network applies	Unlimited, network applies		
GP and specialist consultations (network doctors covered in full at the Bonitas Rate)	Unlimited Specialist covered at 150%, GP covered at 100% of the Bonitas Rate	Unlimited 100% of the Bonitas Rate								
Blood tests and X-rays	Unlimited, 100% of the Bonitas Rate									
MRIs and CT scans	R38 470 per family in and out-of-hospital	R37 800 per family in and out-of-hospital	R30 430 per family in and out-of-hospital		R20 550 per family in hospital	R34 020 per family in and out-of-hospital		R15 960 per family in and out-of-hospital		
Co-payment per scan event unless PMB	R2 800			R1 860			R2 240			
Internal and external prostheses	R67 640 for internal prosthesis per family R67 640 for external prosthesis per family	R71 190 per family	R57 630 per family	R41 070 per family (internal only)	PMB only	R57 630 per family		PMB only		
Internal nerve stimulators	R203 200 per family	N/A				R215 800 per family		N/A		
Cochlear implants	R341 000 per family	R362 100 per family	N/A							
Mental health hospitalisation	R59 920 per family	R52 670 per family	R41 190 per family		R51 900 per family		R19 060 per family			
Sublimit of hospitalisation for mental health consultations per family (in or out-of-hospital)	R20 310 per family				PMB only		R20 310 per family		R12 230 per family	
Take-home medicine	Limited to a 7-day supply up to R670 per hospital stay	Limited to a 7-day supply up to R605 per hospital stay	Limited to a 7-day supply up to R535 per hospital stay	Limited to a 7-day supply up to R500 per hospital stay		Limited to a 7-day supply up to R605 per hospital stay		Limited to a 7-day supply up to R470 per hospital stay		
Physical rehabilitation	R60 900 per family									
Alternatives to hospital (hospice, step-down facilities)	R20 310 per family									
Palliative care (cancer only)	Unlimited, subject to the DSP									
Cancer treatment (30% co-payment applies at non-DSP)	Unlimited for PMBs R445 200 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R448 200 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R336 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached) R157 800 of this can be used for specialised drugs (including biological drugs)	Unlimited for PMBs R280 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	R224 100 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 R280 100 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 R224 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)		
Non-cancer specialised drugs (including biological drugs)	R247 400 per family	PMB only								
Organ transplants	Unlimited								PMB only	
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies at a non-DSP									
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme									
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R2 720 co-payment will apply				You must use a network day hospital or a R5 440 co-payment will apply		You must use a network day hospital or a R2 720 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply	You must use a network day hospital or a R2 720 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply
Co-payments for certain procedures	Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP			Yes		Co-payment applies for hip and knee replacements at a non-DSP Co-payment applies for cataract surgery at a non-DSP		Yes		
OUT-OF-HOSPITAL BENEFITS										
GP consultations (including virtual care consultations)	Paid from available savings and/or above threshold benefit	Paid from available savings		Additional benefit for GP consultations when savings are finished (limited to 1 per beneficiary, maximum 2 per family) paid at the Bonitas Rate		Paid from available GP & specialist benefit sublimit 2 Additional network GP consultations per family when the GP & specialist consultations sublimit is reached		Paid from available GP & specialist benefit sublimit 1 Additional network GP consultation per family when the GP & specialist consultations sublimit is reached		
Specialist consultations		Paid from available savings				2 Additional network specialist consultations		1 Additional network specialist consultation		
X-rays and ultrasounds		R4 060 per beneficiary R8 980 per family (Combined benefits)				Paid from available X-rays and blood tests benefit sublimit				
Blood tests										
Acute medicine 20% 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		Paid from available savings		Paid from available acute and over-the-counter medicine benefit sublimit		Paid from available acute and over-the-counter medicine benefit sublimit		
Over-the-counter medicine 20% co-payment for non-DSP/ non-formulary use	Medicine limited to R17 850 per family above threshold					Over-the-counter medicine is limited to: R895 per beneficiary R2 800 per family		Over-the-counter medicine is limited to: R565 per beneficiary R2 240 per family		
Allied medical professionals (such as dietician, speech and occupational therapist)	Paid from available savings and/or above threshold benefit	Paid from available savings				Paid from available auxiliary services benefit sublimit				
Physiotherapy, podiatry and biokinetics										
General medical appliances	Paid from available savings					Subject to the available overall day-to-day limit R8 550 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols		Subject to the available overall day-to-day limit R8 230 per family for Stoma Care and CPAP machines. Note: CPAP machines subject to Managed Care protocols		
Emergency room benefit (NEW) (For emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital			2 emergency consultations per family at a casualty ward or emergency room facility of a hospital						
	If it is not classified as an emergency, it will be paid from available savings and/or above threshold benefit			If it is not classified as an emergency, it will be paid from available savings			If it is not classified as an emergency, it will be paid from available GP & specialist day-to-day benefit			
Insulin pump or continuous glucose monitor (Limited to one device per type 1 diabetic for beneficiaries younger than 18)	R89 420 per family every 5 years (Consumables limited to R89 420 per family)			N/A		R89 420 per family every 5 years (Consumables limited to R89 420 per family)		N/A		
Blood pressure monitor (Subject to registration of chronic condition - hypertension)	Paid from available savings R1 200 per family every 2 years		Paid from available savings and/or above threshold benefit R1 200 per family every 2 years		N/A		Subject to the general medical appliances benefit R1 200 per family every 2 years		N/A	
Audiology (Hearing aids, consultations and tests)	R10 900 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)	R9 700 per device (maximum two devices per beneficiary), once every 3 years (based on the date of your previous claim)		N/A		R9 100 per device (maximum two devices per family), once every 3 years (based on the date of your previous claim)		N/A	
	All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider									
Optometry (once every 2 years)	Paid from available savings and/or above threshold benefit, limited to R4 053 per beneficiary	Paid from Risk	Paid from available savings and/or above threshold benefit		Paid from available savings		Paid from Risk		Paid from Risk	
Basic dentistry (Managed Care protocols apply)	Paid from available savings and/or above threshold benefit	R6 155 per family, per year	Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme		Paid from available savings		Covered at the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme		Covered at 75% of the Bonitas Dental Tariff, subject to the Bonitas Dental Management Programme and a Designated Service Provider	
Specialised dentistry (Managed Care protocols apply)		R7 410 per family, per year Covered at the Bonitas Dental Tariff					Covered at the Bonitas Dental Tariff		Covered at 75% of the Bonitas Dental Tariff	
Chronic medicine (30% co-payment for non-DSP/ non-formulary use)	60 chronic conditions R18 040 per beneficiary R35 920 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	47 chronic conditions R14 780 per beneficiary R30 590 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	32 chronic conditions Unlimited, subject to use of Bonitas Pharmacy Network and formulary		28 chronic conditions Unlimited, subject to use of DSP and formulary		45 chronic conditions R12 530 per beneficiary R25 140 per family Unlimited for PMB, subject to use of Bonitas Pharmacy Network and formulary	45 chronic conditions R12 530 per beneficiary R25 140 per family Unlimited for PMB, subject to use of DSP and formulary	28 chronic conditions Unlimited, subject to use of DSP and formulary	
ADDITIONAL BENEFITS (in addition to savings and day-to-day benefits)										
Benefit Booster (Available when you complete a wellness screening)	N/A	R2 070 per family		Up to R5 000 per family		R1 440 per family		Up to R5 000 per family		
International travel (per trip)	You must register for this benefit prior to departure Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa Additional benefit for medical quarantine up to R10 000 per person if tested positive for Covid-19									
MOTHER & CHILD CARE BENEFIT										
Private ward after delivery	Yes	N/A								
Antenatal consultations	12		6		2		12		6	
2D ultrasound scans										
Antenatal classes	R1 580			R1 530		Paid from savings		R1 580		
Amniocentesis	1									
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with a lactation specialist)									
Antenatal vitamins (during pregnancy, subject to formulary)	Limited to R195 per month Paid from available savings or Benefit Booster		Limited to R195 per month Paid from available savings and/or above threshold benefit or Benefit Booster		Limited to R195 per month Paid from available savings or Benefit Booster		Limited to R195 per month Paid from available acute and over-the-counter benefit or Benefit Booster			
Hearing screening	For newborns up to 8 weeks, in or out-of-hospital									
Vision screening	2 screenings for newborns up to 6 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	N/A		2				1		
Paediatric consultations for children between ages 1 and 2	2			1		2		1		
GP consultations for children between ages 2 and 12	2			1		2		1		
Childhood immunisations up to the age of 12	According to the Private Vaccination schedule in South Africa			According to the Expanded Programme on Immunisation in South Africa		According to the Private Vaccination schedule in South Africa		According to the Expanded Programme on Immunisation in South Africa		
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)										
Dental fissure sealants	To prevent tooth decay on permanent teeth for children under 16									
HIV test and counselling per beneficiary	1									
Flu vaccine per beneficiary	1									
Full lipogram every 5 years, members aged 20 and over	1			N/A		1		N/A		
Mammogram every 2 years, women over 40	1									
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1									
Prostate screening antigen test, men between ages 55 and 69	1									
Pneumococcal vaccine every 5 years, members aged 65 and over	1									
Stool test for colon cancer, members between ages 45 and 75	1									
Whooping cough booster vaccine every 10 years, members between ages 7 and 14	1			N/A		1		N/A		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2									
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3									
Bone density screening every 5 years, women aged 65 and men aged 70 and over	1		N/A							
Free online hearing screening, beneficiaries aged 18 and over	Unlimited									
Contraceptives (per family for women aged up to 50)	R2 050		R2 050 at the DSP		R1 970		R2 050		R2 050 at the DSP	
Wellness screening per beneficiary,	1									

	Hospital Standard	BonEssential	BonEssential Select
Monthly contributions (4th and subsequent children covered free)	Main: R3 252	Main: R2 509	Main: R2 192
	Adult: R2 739	Adult: R1 854	Adult: R1 606
	Child: R1 236	Child: R811	Child: R723
HOSPITAL BENEFITS (pre-authorisation required)			
Hospital cover	Unlimited, network applies	Unlimited	Unlimited, network applies
GP and specialist consultations	Unlimited, 100% of the Bonitas Rate		
Blood tests and X-rays	Unlimited, 100% of the Bonitas Rate		
MRIs and CT scans (in and out-of-hospital)	R32 040 per family R2 800 co-payment per scan event except for PMB	R15 960 per family R2 800 co-payment per scan event except for PMB	
Internal prosthesis (no cover for joint replacements or back and neck surgery)	R54 270 per family	PMB only	
External prostheses	PMB only		
Mental health hospitalisation	R38 780 per family		
Take-home medicine	Limited to a 7-day supply up to R575 per hospital stay	Limited to a 7-day supply up to R470 per hospital stay	
Physical rehabilitation	R60 900 per family		
Alternatives to hospital (hospice, step-down facilities)	R20 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 R168 100 per family for non-PMBs (Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached)	Unlimited for PMBs at a DSP	
Organ transplants	Unlimited at a DSP	PMB only at a DSP	
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies at a non-DSP		
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme		
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R2 720 co-payment will apply	You must use a network day hospital or a R5 440 co-payment will apply	
Co-payments for certain procedures	Yes		
Chronic medicine (30% co-payment for non-DSP/non-formulary use)	Unlimited for PMB at the DSP		
OUT-OF-HOSPITAL BENEFITS			
Emergency room benefit (For emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		
ADDITIONAL BENEFITS (in addition to your other benefits)			
Benefit Booster (Available when you complete a wellness screening)	N/A	R1 160 per family	
International travel benefit (per trip)	You must register for this benefit prior to departure Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa Additional benefit for medical quarantine up to R10 000 per person if tested positive for Covid-19		
MOTHER & CHILD BENEFIT (Maternity – per pregnancy)			
Antenatal consultations	6		
2D ultrasound scans	2		
Amniocentesis	1		
Postnatal consultations (with a midwife)	4 (1 can be used for a consultation with a lactation specialist)		
Antenatal vitamins (during pregnancy, subject to formulary)	N/A	Limited to R195 per month Paid from available Benefit Booster	
MOTHER & CHILD BENEFIT (Childcare)			
Hearing screening	For newborns up to 8 weeks, in or out-of-hospital		
Vision screening	2 screenings for newborns up to 6 weeks, in or out-of-hospital		
Congenital hypothyroidism screening	For infants under 1 month old		
24/7 telephonic baby advice line	For children under 3 years		
Paediatric consultations for children under 1 year	2	N/A	
Paediatric consultations for children between ages 1 and 2	1	N/A	
GP consultations for children between ages 2 and 12	1		
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)			
Dental fissure sealants	One per tooth once every 3 years to prevent tooth decay on permanent teeth for children under 16		
HIV test and counselling per beneficiary	1		
Flu vaccine per beneficiary	1		
Mammogram every 2 years, women over 40	1		
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1	1 (including the cost of the GP or nurse visit)	
Prostate screening antigen test, men between ages 55 and 69	1		
Pneumococcal vaccine every 5 years, members aged 65 and over	1		
Stool test for colon cancer, members between ages 45 and 75	1		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2		
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3		
Free online hearing screening, beneficiaries aged 18 and over	Unlimited		
Contraceptives (per family for women aged up to 50)	R2 050 at the DSP	R1 580 at the DSP	
Wellness screening per beneficiary, aged 21 and over	1		

	BonCap			
Subject to income verification	R0 to R11 250	R11 251 to R18 250	R18 251 to R23 740	R23 741 +
Monthly contributions	Main: R1 554	Main: R1 897	Main: R3 058	Main: R3 753
	Adult: R1 554	Adult: R1 897	Adult: R3 058	Adult: R3 753
	Child: R732	Child: R872	Child: R1 157	Child: R1 424
HOSPITAL BENEFITS (pre-authorisation required)				
Hospital cover	Unlimited at a DSP			
GP and specialist consultations (network doctors covered in full at negotiated rates)	Unlimited, covered at 100% of the BonCap Rate Non-network specialists and GPs are covered at 70% of the BonCap Rate			
Blood tests and X-rays	Blood tests R31 230 per family X-rays unlimited, 100% of the BonCap Rate			
MRIs and CT scans	R14 250 per family, R1 230 co-payment per scan event, except for PMB			
Internal and external prostheses	PMB only at a DSP			
Mental health hospitalisation	PMB only at a DSP 30% co-payment applies at non-DSP			
Take-home medicine	Limited to a 7-day supply up to R470 per hospital stay			
Physical rehabilitation	R60 900 per family			
Alternatives to hospital (hospice, step-down facilities)	R17 550 per family			
Palliative care (cancer only)	Unlimited, subject to the DSP			
Cancer treatment	PMB only at a DSP (30% co-payment applies at a non-DSP)			
Organ transplants	PMB only at a DSP			
Kidney dialysis	Unlimited at a DSP or 20% co-payment applies (subject to Managed Care protocols)			
HIV/AIDS	Unlimited, subject to registration on the HIV/AIDS programme			
OUT-OF-HOSPITAL BENEFITS				
Network GP consultations including virtual care consultations (GP nomination applies)	Unlimited, using a maximum of 2 nominated BonCap network GPs Pre-authorisation required from 8th visit			
Non-network GP consultations	1 out-of-network consultation per beneficiary, maximum 2 consultations per family, limited to R400 per visit 30% co-payment applies, unless PMB			
Network specialist consultations (this benefit includes acute medicine, blood tests, X-rays, MRIs and CT scans)	Maximum of 3 visits limited to R3 900 per beneficiary or a maximum of 5 visits limited to R5 800 per family Subject to the BonCap Specialist network and referral from a BonCap network GP Pre-authorisation required (including MRIs and CT scans)			
GP-referred acute medicine, X-rays and blood tests (*based on family size)	*Ranges from R2 300 - R5 570 Subject to the applicable formularies and pharmacy and pathology networks For acute medicine and blood tests: 20% co-payment applies at non-DSP			
Over-the-counter medicine	R115 per event, R330 per beneficiary per year Subject to the BonCap DSP network and medicine formulary			
Allied medical professionals (such as dietician, speech and occupational therapist)	PMB only			
General medical appliances (Managed Care protocols apply)	R7 090 per family			
Optometry (once every 2 years)	Managed Care protocols apply			
Basic dentistry	Managed Care protocols apply			
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a 30% co-payment will apply			
Chronic benefits	28 chronic conditions Unlimited, subject to use of DSP and formulary Subject to nomination of a network GP for management of chronic conditions			
CHILDCARE BENEFIT				
Hearing screening	Newborns up to 8 weeks, in or out-of-hospital			
Congenital hypothyroidism screening	Infants under 1 month old			
24/7 telephonic baby advice line	For children under 3 years			
Childhood immunisations up to the age of 12	According to the Expanded Programme on Immunisation in South Africa			
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)				
Dental fissure sealants	One per tooth once every 3 years to prevent tooth decay on permanent teeth for children under 16			
HIV test and counselling per beneficiary	1			
Flu vaccine per beneficiary	1			
Mammogram and ultrasound every 2 years, women over 40	1			
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65	1			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14	2			
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26	3			
Prostate screening antigen test, men between ages 55 and 69	1			
Pneumococcal vaccine every 5 years, members aged 65 and over	1			
Stool test for colon cancer, members between ages 45 and 75	1			
Contraceptives (per family for women aged up to 50)	R1 330 at the DSP (40% co-payment applies at non-DSP)			
Wellness screening per beneficiary, aged 21 and over (Blood pressure, glucose, cholesterol, Body Mass Index and waist-to-hip ratio)	1			

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

	BonStart	BonStart Plus		
Monthly contributions	Main: R1 498	Main: R1 907		
	Adult: R1 498	Adult: R1 813		
	Child: R1 498	Child: R840		
HOSPITAL BENEFITS (pre-authorisation required)				
Hospital cover	Unlimited at the applicable hospital network			
	R1 780 co-payment per admission, except for PMB emergencies	R1 190 co-payment per admission, except for PMB emergencies		
GP and specialist consultations	Unlimited, 100% of the Bonitas Rate			
Blood tests and X-rays	Blood tests limited to R30 880 per family unless PMB X-rays unlimited, 100% of the Bonitas Rate	Blood tests unlimited, 100% of the Bonitas Rate X-rays unlimited, 100% of the Bonitas Rate		
MRIs and CT scans	R14 090 per family unless PMB (R2 800 co-payment per scan event)	R19 130 per family unless PMB (R2 240 co-payment per scan event)		
Allied medical professionals (such as dietician, speech and occupational therapy)	PMB only			
Physiotherapy and biokinetics	PMB only			
Childbirth	Natural birth: Unlimited at the applicable hospital network (Emergency approved C-sections only)			
Neonatal care	Limited to R55 080 per family, except for PMB			
Internal and external prostheses	PMB only	Internal: R19 130 per family (no cover for joint replacement except for PMB) External: PMB only		
Mental health hospitalisation	PMB only at a DSP			
Take-home medicine	Limited to a 7-day supply up to R465 per hospital stay			
Physical rehabilitation	R60 210 per family			
Alternatives to hospital (hospice, step-down facilities)	R17 340 per family	R20 090 per family		
Palliative care (cancer only)	Unlimited, subject to the DSP			
Dentistry	PMB only			
Cancer treatment	PMB only, at a DSP or a 30% co-payment applies			
Organ transplants	PMB only, at a DSP or a 30% co-payment applies			
Kidney dialysis	PMB only, at a DSP or a 30% co-payment applies			
HIV/AIDS	Unlimited, if you register on the HIV/AIDS programme			
OUT-OF-HOSPITAL BENEFITS				
GP consultations	Unlimited Network GP consultations, R125 co-payment per visit Pre-authorisation required from 6th visit	Unlimited Network GP consultations, R70 co-payment per visit Pre-authorisation required from 10th visit		
Virtual Care GP and Nurse consultations	Unlimited			
Emergency room benefit (for emergencies only)	2 emergency consultations per family at a casualty ward or emergency room facility of a hospital			
GP-referred acute medicine, X-rays and blood tests (combined benefit & subject to the applicable formulary)	Limited to R1 780 per family	Limited to R3 320 per family		
	Acute medicine: 20% co-payment per script, 40% co-payment for non-DSP/non-formulary use			
Specialist consultations (subject to GP referral and applicable formulary)	Limited to 1 visit per family up to R1 320	R265 co-payment per visit	Limited to 2 visits per family up to R2 380	R125 co-payment per visit
	Including all acute medicine, basic radiology, specialised radiology and pathology prescribed by the specialist			
Over-the-counter medicine	Limited to R110 per event, R545 per family per year		Limited to R175 per event, R825 per family per year	
	Avoid a 20% co-payment by using a Bonitas Network Pharmacy, medicine that is on the formulary and completing your wellness screening			
General medical appliances	PMB only		R6 600 per family	
Optometry	1 eye test per beneficiary, R110 co-payment		1 eye test per beneficiary, R110 co-payment	
Basic dentistry	1 consultation per beneficiary, R125 co-payment		1 consultation per beneficiary, R70 co-payment	
Physiotherapy	2 consultations per beneficiary for sport-related injuries, R125 co-payment		4 consultations per beneficiary for sport-related injuries, R70 co-payment	
Mental health	PMB only, subject to use of DSP			
Day surgery procedures (applies to selected procedures)	You must use a network day hospital or a R12 680 co-payment applies			
Co-payments for certain procedures	Yes			
Chronic medicine	Unlimited for PMB, subject to use of DSP (30% co-payment for non-DSP/non-formulary use)			
ADDITIONAL BENEFITS				
Benefit Booster (Available when you complete a wellness screening)	R1 160 per family			
International travel benefit (per trip)	Up to R2.5 million cover per family for medical emergencies when you travel outside South Africa (You must register for this benefit prior to departure)			
MOTHER & CHILD CARE BENEFIT				
Antenatal consultations			6	
2D ultrasound scans	No benefit		2	
Amniocentesis			1	
Postnatal consultations (with a midwife)			4 (1 can be used for a consultation with a lactation specialist)	
Antenatal vitamins (during pregnancy, subject to formulary)	Limited to R195 per month Paid from available Benefit Booster		Limited to R195 per month Paid from available Benefit Booster	
Hearing screening	N/A		For newborns up to 8 weeks, in or out-of-hospital	
Vision screening	2 screenings for newborns up to 6 weeks, in or out-of-hospital			
Congenital hypothyroidism screening	N/A		Infants under 1 month old	
24/7 telephonic baby advice line	For children under 3 years			
Childhood immunisations up to the age of 12	N/A		According to the Expanded Programme on Immunisation in South Africa	
BE BETTER BENEFIT (Preventative care and wellness benefits for all life stages)				
Dental fissure sealants	To prevent tooth decay on permanent teeth for children under 16			
HIV test per beneficiary				
Flu vaccine per beneficiary				
Mammogram every 2 years, women over 40			1	
Pap smear every 3 years or 1 HPV PCR test every 5 years, women between ages 21 and 65				
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 9 and 14			2	
Human Papillomavirus (HPV) vaccines, female beneficiaries between ages 15 and 26			3	
Contraceptives (per family for women aged up to 50)	R1 270		R1 540	
Wellness screening per beneficiary, aged 21 and over			1	

DSP = Designated Service Provider

PMB = Prescribed Minimum Benefits